



QUESNEL & DISTRICT MINOR HOCKEY ASSOCIATION

EXPENSE/ADVANCE TRAVEL CLAIM FORM

INSTRUCTIONS: Claimant please attach appropriate receipts in order of claim

DATE COMPLETED		YYYY	MM	DD	FISCAL YEAR		GROUP COACH ASSISTANT COACH / TRAINER MANAGER EXECUTIVE MEMBER				
NAME							POSITION				
REASON FOR TRAVEL					LOCATION AND DATES OF FUNCTION						
NAME OF HOTEL & TELEPHONE NUMBER					DATES ACCOMMODATION REQUIRED						
CONFIRMATION #		DAILY RATE & TAXES (\$) RATE _____ GST _____ ROOM TAX _____ TOTAL _____			NO. OF DAYS			AIRFARE/BOOKING AGENT NAME & PHONE NUMBER			
		1. PRIVATE VEHICLE USE RATE 52¢ & KM TRAVELLED		2. BUS, FERRY, TAXI		3. MEALS/ALLOWANCE PER DIEM B/L \$15.00 D \$20.00		4. ACCOMMODATION COSTS		5. MISCELLANEOUS (PRIVATE ACCOM. CAR RENTAL, PHONE etc.)	
DATE OF TRAVEL		PLACE TRAVELLED								TOTAL DAILY COSTS	
M	D	TO/FROM		KM	\$	\$	#	\$	\$	\$	LIST EACH ITEM
TOTAL OF COLUMNS				1. KM	1. (\$)	2.		3.	4.	5.	6. THIS TOTAL MUST EQUAL CLAIM TOTALS
											\$
CLAIMANT SIGNATURE _____						WORK PHONE NO. _____					
QDMHA CHEQUE NUMBER				7. TRAVEL ADVANCE							
				8. SUB-TOTAL LESS ADVANCE							
IF ADVANCE WAS GREATER THAN EXPENSE TOTAL ENTER AMOUNT AND HAVE THE BALANCE REPAID (ATTACH RECEIPTS)				AMOUNT DUE TO CLAIMANT (AFTER ADVANCE DEDUCTION)						9.	
SPENDING AUTHORITY SIGNATURE				Total X PST & G.S.T.						10. \$ _____	
				DATE SIGNED: _____							