



STURGEON HOCKEY CLUB
EXPENSE CLAIM

PLEASE PRINT & ATTACH ALL RECEIPTS

THE CONTACT INFORMATION

Name: _____
Address: _____

Date: _____
Phone: _____
Fax: _____
E-mail: _____

PROGRAM: _____ **DATE:** _____
MEETING / EVENT: _____ **LOCATION:** _____

<u>EXPENSES</u>	<u>PRE-GST AMOUNT</u>	<u>GST AMOUNT</u>	<u>TOTAL AMOUNT</u>	FOR OFFICE USE ONLY	
				<u>CODE</u>	<u>GST CODE</u>
MEALS: (B) \$10 (L) \$12 (D) \$21	\$ _____	\$ _____	\$ _____	5875	_____
ACCOMMODATIONS:	\$ _____	\$ _____	\$ _____	5876	_____
TRAVEL: _____ kms (\$ 0.505 / km)	\$ _____	\$ _____	\$ _____	5876	_____
INCIDENTALS (ADMIN):	\$ _____	\$ _____	\$ _____	5876	_____
_____	\$ _____	\$ _____	\$ _____	5876	_____
	\$ _____	\$ _____	\$ _____	5876	_____

TOTAL AMOUNT OF CLAIM:

SIGNATURE: _____

<u>FOR STURGEON HOCKEY CLUB USE ONLY</u>	
SHC APPROVAL:	_____
APPROVAL DATE:	_____
ENTERED DATE:	_____