



SASKATCHEWAN LACROSSE ASSOCIATION GENERAL EXPENSE FORM

EXPENSES INCURRED FOR:
LOCATION: DATES:
SUBMITTED BY: SIGNATURE:
ADDRESS: CITY/PROVINCE:
POSTAL CODE: EMAIL ADDRESS:

HONORARIUMS

Clinic Facilitator (Coach/Official): HOURS X \$20.00 = \$
Try Lacrosse Instructor: HOURS X \$15.00 = \$
Provincials Championships Convener: \$
TOTAL HONORARIUMS: \$

TRAVEL EXPENSES

Travel To: TOTAL DISTANCE: KM X \$0.40 = \$

Breakfast: X \$10.00 = \$ Lunch: X \$15.00 = \$
Supper: X \$25.00 = \$ TOTAL MEALS: \$

OTHER EXPENSES: (See Attached Summary) (Must Provide Receipts) \$

SPORT LEGACY FUND DONATION (Complete Form On Back) \$

TOTAL TO BE PAID \$

Below Information Filled out by SLA Office

Table with 4 columns: Account Number, Amount, Vendor #, Invoice Batch #, Payment Batch #

EXECUTIVE DIRECTOR'S SIGNATURE

VP OF FINANCE OR PRESIDENT SIGNATURE

SASKATCHEWAN LACROSSE ASSOCIATION INC.

2205 Victoria Avenue, Regina SK S4P 0S4 | Ph: 306.780.9216 | TF: 1.844.780.9216 | Fax: 306.525.4009
Email: info@sasklacrosse.net | Www.sasklacrosse.net | Facebook: /SaskLacrosse | Twitter: @SaskLacrosse





**Other Expense Summary**

To be completed for all Expenses where receipts are being submitted for reimbursement (not required for per diem / mileage / honorariums)

PAID TO	EXPLANATION	COST
	<b>TOTAL</b>	

SPORT LEGACY FUND  
 "A New Opportunity to Give"

This optional program is open to all Volunteers and Staff of the Saskatchewan Lacrosse Association.

Each time you submit an expense claim form, the Saskatchewan Lacrosse Association may reimburse you for you're out of pocket expenses plus pay your mileage at a rate of 40 cents per kilometer. When completing your expense form or when you receive your reimbursement you can choose to make a donation to the Sport Legacy Fund. Depending on your wishes, all or a portion of the expense amount can be donated. You can make a donation as often as you like -- once a year, once a month, or each time you complete an expense form. Not only will you feel good about financially supporting amateur sport but at the end of the calendar year you will receive an income tax receipt for the total amount donated. To make a donation please complete the donor form below.

Thank you for the volunteer hours you dedicate to the sport of lacrosse in Saskatchewan.

At the request of the Saskatchewan Lacrosse Association, I am donating \$ \_\_\_\_\_ to the National Sport Trust Fund towards the development of lacrosse in Saskatchewan. I wish my donation to support the following cause(s):

	% of donation
Provincial Team Funding	_____
Intro/Participation Initiatives	_____
Sask. Lacrosse Association (general)	_____
Coaching & Officiating Development	_____
Aboriginal Development Initiatives	_____
Other: _____	_____

As consistent with Canadian Customs & Revenue Agency guidelines, I realize that this donation is made voluntarily without any conditions and no benefit will accrue to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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