

## **Expense Claim Form**

## PLEASE PRINT CLEARLY

NAME:		
ADDRESS:	CITY	:
POSTAL CODE:	AGE: RANK: _	SEX:
Phone # :()		
Email :		
SCHOOL NAME:	LOCATION:	
TOTAL AMOUNT CLAIMED: \$(from reverse side)	DATE:	
APPLICANT'S SIGNATURE:		
PLEASE ATTACH RECEIPTS AND I		
PLEASE ATTACH RECEIPTS AND I	PROVIDE DETAILS OF O	CLAIM ON REVERSE SIDE
PLEASE ATTACH RECEIPTS AND I  AS: CLAIM APPROVED: Yes No _ Executive Director Signature: Breakdown:	PROVIDE DETAILS OF O SOCIATION USE ONLY AMOUNT APPROVE	CLAIM ON REVERSE SIDE
AS  CLAIM APPROVED: Yes No _  Executive Director Signature: Breakdown: Comments Funding Program Acctg (	PROVIDE DETAILS OF O SOCIATION USE ONLY AMOUNT APPROVE Code Amount	CLAIM ON REVERSE SIDE  ED: \$ DATE:
CLAIM APPROVED: Yes No _  Executive Director Signature: Breakdown: Comments Funding Program Acctg (	PROVIDE DETAILS OF O SOCIATION USE ONLYAMOUNT APPROVE Code Amount	CLAIM ON REVERSE SIDE  CD: \$ DATE:

Note\* Reimbursement will be at the discretion of the Board of Directors. Any false claims will lead to a suspension of future funding!

## SASK WTF EXPENSE CLAIM: DETAILS OF EXPENSES

Administration:	Tournament:	Equipment:	Promotion:	
Name of Event:		Location:		
Date:	list):			
EXPENSES Detail	:		Amo	unt
Travel			<u> </u>	
Meals			<u> </u>	_
Accomodation				_
Registration			<u> </u>	_
Administration				_
Other			\$	_
			<u> </u>	_
			<b>\$</b>	_
			<b>\$</b>	_
			<b>\$</b>	_
			<u> </u>	_
TOTAL EXPENSE			\$	
_			_	

## SASK WTF EXPENSE CLAIM: DETAILS OF EXPENSES

The purpose of this form is to help with the evaluation of the spending plans that the Sask WTF Taekwondo Association has proposed for the fiscal year. The information that you provide on this form will help determine if the spending plans that are used will benefit the intended groups.

The Association would like to know what was the spending plan. How did it benefit the members. Who did benefit, and what age groups, genders, and what target groups. The Association also needs to know what communities were represented. (Community is the resident that the person lives in.)

The Association all needs to know if there was any disappointments or successes with the program.

Spending Block: Area:	
Number of Participants:	
Purpose:	
Plan:	
Successes or Disappointments: (This Form Must Be Completed & Submitted With an Exp	pense Claim or The Expense Claim will be rejected)

Name	Age	Sex	Community