

Mailing Address:

**BCASA EXPENSE FORM – receipts must accompany this form**

NAME: \_\_\_\_\_

EVENT: \_\_\_\_\_

DATES: \_\_\_\_\_

EXPENSE CATEGORY: (SEE EXPENSE POLICY FOR EXPLANATION)

GROUP 1: \_\_\_\_\_ GROUP 2: \_\_\_\_\_ GROUP 3: \_\_\_\_\_ GROUP 4: \_\_\_\_\_

**EXPENSE CALCULATION (RECEIPTS MUST ACCOMPANY THIS FORM)**

	TOTAL	OFFICE USE ONLY
<b>Per Diem:</b> _____ days @ _____/day		
<b>Travel:</b> _____ KMS @ \$0.45/km		
<b>Hotel:</b> _____ Nights @ \$_____/night (incl. Tax)		
<b>Miscellaneous: (include receipts)</b>	1) 2) 3)	
<b>TOTAL EXPENSES</b>		
<b>LESS ADVANCE</b>		
<b>TOTAL THIS CLAIM</b>		

Please forward this form, and receipts, to:

Softball BC  
201-8889 Walnut Grove Drive, Langley, BC  
V1M 2N7  
Fax: 604-371-0344  
Email: info@softball.bc.ca

