

Western Region Ringette

EXPENSE CLAIM

NAME: _____

ADDRESS: _____

TEL: _____

CITY: _____

POSTAL CODE: _____

PROGRAM INVOLVED IN (I.e. Coaching, Adult Dev.) _____

REASON FOR CLAIM (I.e. Meeting, Clinic, etc.) _____

DATE OF CLAIM _____

TRAVELLED TO: _____

FROM: _____

EXPENSES:

MILEAGE: _____

KM(return) at \$0.40/km or other

\$ _____ -

TRAVEL: (air, rail, bus, taxi, airport lime, etc.)

\$ _____ -

ACCOMODATIONS:

MEALS:

Breakfast at \$ 10.00

Lunch at \$ 15.00

Supper at \$ 25.00

TOTAL MEALS:

\$ _____ -

MISCELLANEOUS:

POSTAGE (G.S.T. of _____)

\$ _____ -

TELEPHONE (G.S.T. of _____)

\$ _____ -

OTHER (G.S.T. of _____)

\$ _____ -

OTHER:

\$ _____ -

TOTAL EXPENSE CLAIM

\$ _____ -

Claimant's Signature: _____

Program Approval: _____