

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 \$8.00

_____ Lunch at \$12.00

_____ Supper at \$18.00 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: _____
