

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 \$0.30/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	\$ _____ -
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Claimant's Signature: _____ Program Approval: _____
