



EXPENSE STATEMENT

NAME: _____ ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____ PHONE: _____

TYPE OF CLAIM (Circle one): Coaching Clinic Umpire Clinic Meeting

Other: Please specify _____

CLINIC/MEETING LOCATION: _____ DATE: _____

TRAVELED WITH: _____

TRAVELLED FROM: _____ TO: _____ RETURN: _____

KILOMETERS: _____ \$0.35 PER KM \$ _____

MEALS: BREAKFAST x \$8.00 _____ LUNCH x \$12.00 _____ SUPPER x \$15.00 _____

TOTAL MEALS \$ _____

ACCOMODATION (ATTACH RECEIPTS) \$ _____

TELEPHONE (ATTACH RECEIPTS) \$ _____

HONORARIA \$ _____

OTHER (ATTACH RECEIPTS) \$ _____

TOTAL EXPENSE \$ _____

PORTION OR ENTIRE DONATION TO SPORT LEGACY? \$ _____

SIGNATURE _____

FOR OFFICE USE ONLY:	CODE:
APPROVAL: _____	CHEQUE # _____ CHEQUE AMOUNT: _____
DATE: _____	
TRANSFER TO LEGACY: _____	DATE: _____ NSTF # _____