

NATIONAL OFFICIALS TRAVEL EXPENSE CLAIM FORM

(to be mailed to provincial section office within 10 days of completion of travel)

PAYABLE TO:

Certified at Level _____

Please **PRINT**

Address:

_____ Postal Code _____

Tel: _____ Email: _____

DETAILS OF EXPENSES

EVENT: _____

DATE: _____

EVENT LOCATION: _____

AIRFARE (economy)

\$ _____

CAR:

Travel from _____ to _____

of kilometres (to competition) _____ # of kilometres (from competition) _____

of kilometres (total - minimum of 50 km) _____ @ 40¢ per km \$ _____

ACCOMMODATION (room charges only)
(original receipts must be attached)

\$ _____

TOTAL CLAIM

\$ _____

MEET MANAGER'S AUTHORIZATION:

Name (please PRINT)

Signature

Date

EXECUTIVE DIRECTOR'S ACCEPTANCE:

Province _____

Executive Director (please PRINT)

Signature

Date