



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 _____

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