



Expense Claim Form

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ AGE: _____ RANK: _____ SEX: _____

Phone # : __ (____) _____ - _____

Email : _____

SCHOOL NAME: _____ LOCATION: _____

TOTAL AMOUNT CLAIMED: \$ _____ DATE: _____
(from reverse side)

APPLICANT'S SIGNATURE: _____

INSTRUCTOR'S SIGNATURE: _____

PLEASE ATTACH RECEIPTS AND PROVIDE DETAILS OF CLAIM ON REVERSE SIDE

ASSOCIATION USE ONLY			
CLAIM APPROVED: Yes ___ No ___		AMOUNT APPROVED: \$ _____	
Executive Director Signature: _____		DATE: _____	
Breakdown:			
Comments	Funding Program	Acctg Code	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____ . _____

CHEQUE ISSUED: date: _____ cheque # _____			

Note Reimbursement will be at the discretion of the Board of Directors.
Any false claims will lead to a suspension of future funding!*

SASK WTF EXPENSE CLAIM : DETAILS OF EXPENSES

Administration: _____ **Tournament:** _____ **Equipment:** _____ **Promotion:** _____

Name of Event: _____ **Location:** _____

Date: _____ **Number of participants (attach list):** _____

EXPENSES Detail :	Amount :
Travel _____	\$ _____
Meals _____	\$ _____
Accomodation _____	\$ _____
Registration _____	\$ _____
Administration _____	\$ _____
Other _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXPENSE	\$ _____
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