



Gymnastics Nova Scotia Expense Claim Form



Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone #: (o) _____ (h) _____

Date: _____ Committee: _____

Signature: _____

Facility Rental

Club: _____ Event: _____
_____ 1/2 day (\$100.00) _____ Full day (\$200.00)
Facility Total _____

Travel (Note: If team travel, report must be rec'd with claim form to receive cheque)

Travel/Date: _____
From: _____ To: _____ # km _____
From: _____ To: _____ # km _____
Total km _____ x \$.437 _____
Rental: \$ _____ Gas: _____ Airfare: \$ _____ Other \$ _____
Travel total \$ _____

Meals

Meals: Date: _____ Date: _____ Date: _____ Date: _____
(\$10.00) B'fast _____ B'fast _____ B'fast _____ B'fast _____
(\$15.00) Lunch _____ Lunch _____ Lunch _____ Lunch _____
(\$20.00) Dinner _____ Dinner _____ Dinner _____ Dinner _____

Meals Total \$ _____

Accommodations

Date _____ \$ _____
Date _____ \$ _____

Accom Total \$ _____

Honorarium

_____ Honoraria Total \$ _____

Miscellaneous

_____ \$ _____
_____ \$ _____
_____ \$ _____

Misc. Total \$ _____

Claim Total \$ _____

Authorized By: _____

Signature: _____

Date: _____