



GYMNASTICS NOVA SCOTIA

5516 Spring Garden Road, Halifax, NS B3J 1G6
gns@sportnovascotia.ca P: 902.425.5450 ext. 338

CLAIMANT EXPENSE FORM

Click here for important information on currency when submitting your claim.

CLAIMANT'S NAME: _____ GNS POSITION: _____
ADDRESS: _____
TELEPHONE: _____

REASON FOR EXPENSES: _____
DATES OF ACTIVITY: _____ TO _____ NUMBER OF DAYS: _____
DD-MMM-YY DD-MMM-YY

TRAVEL			
Air:			_____
Taxi:			_____
Train:			_____
Bus:			_____
Car Rental:			_____
Mileage:	<input type="text"/>	# of kilometers x \$0.437	_____
Parking:			_____
Additional details (milage, etc.):	<input type="text"/>		CAD _____

MEALS			
<i>Please note: if hotel package includes breakfast, please do not claim the allocated \$10 for breakfast</i>			
Breakfast:	<input type="text"/>	# of days x \$10.00	_____
Lunch:	<input type="text"/>	# of days x \$15.00	_____
Dinner:	<input type="text"/>	# of days x \$20.00	_____
			CAD _____

OTHER (Please provide a detailed explanation)			
_____	_____		
_____	_____		
_____	_____		CAD _____

TOTAL EXPENSES INCURRED: CAD _____

ON-SITE REIMBURSEMENTS			
_____	_____		CAD _____
	Cheque Number: _____		CAD _____
		BALANCE PAYABLE:	

Please collect all receipts and send to Gymnastics Nova Scotia for proof of payment.

Gymnastics Nova Scotia will only use your information for the purpose of processing your claim and will not pass your information to third parties. I certify that I incurred the above expenses on behalf of GNS and that no other organization or individual paid or will pay me a subsidy, contribution or honoraria towards these expenditures.

Claimants Signature Date

GNS OFFICE USE			
Authorized By	Program / Committee	Date	Approved by
Account #: _____	_____	HST: _____ PST: _____	Description: _____
Account #: _____	_____	HST: _____ PST: _____	Description: _____