

Chq # - Office Use

**BOWLS SASKATCHEWAN INC.**

## *EXPENSE CLAIM FORM*

Name:

(please print)

Address: City: PC:

Phone (h) (w) E-mail:

Purpose:

Location: Date:

**Travel**: (specify air/auto/other)

 (Distance @ .40/km) Total $

**Accommodation**:

 (No. of nights) x $ \_\_ Total $

(share with whom)

**Meal Allowance**: days x $50/day

Partial days: $10, $15, and $25 specify amounts

**Entry Fee**: (specify events) $

**Other**: (specify) $

 $

**Facility Rental**: (name) $

 **TOTAL EXPENSES**: $

**TOTAL CLAIM: $**

**I choose to donate money back to Bowls Sask to support ongoing development.**

**Area to apply donation to: Sask First, Sport for All, Coaching, Officials. $\_\_\_\_\_\_\_\_\_\_\_\_**

 Date Signature

**Note: Attach all original receipts to this form and remit to:**

**Bowls Saskatchewan Inc. 1734 Elphinstone St, Regina Sk, S4T 1K1**