

## **EXPENSE CLAIM FORM**

Name:(please print)				
4 1 /		_ City:	PC:	
Phone	(h)(w) E-	mail:		
Purpose:				
Location:	Date:			
Travel:	(specify air/auto/other)	Distance @ .47/km)	Total	\$
(share with w	rhom?)			
Accommodation:	(No. of nights) x \$	/night	Total	\$
(share with w	rhom?)			
Meal Allowance:	days x \$50/day			
Partial days:	\$10 (breakfast), \$15 (lunch	a), and \$25 (supper) specify am	ounts	
			Total	\$
Entry Fee:		(specify events)		\$
Other:		(specify)		\$
				\$
Facility Rental:		(name)		\$
		TOTAL CLAIM:		\$
		to support ongoing developm or All, Coaching, Officials (se		<u>.                                    </u>
		Amount to donate		\$
Date		Signature		
N	ote: Attach conjected all	original receipts to this form	and ram	it to:

Note: Attach copies of all original receipts to this form and remit to: Bowls Saskatchewan Inc. <a href="mailto:bowlsask@sasktel.net">bowlsask@sasktel.net</a>