



# EXPENSE CLAIM FORM

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DEFINE ACTIVITY \_\_\_\_\_  
 (event, location, dates) \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

- REGULATIONS:**
1. All claims must be submitted within 30 days of activity.
  2. Where required, original receipts must be attached.
  3. Mileage rate for private car - .40¢/km.

APPROVAL _____
DATE _____

								OFFICE USE ONLY		
DATE							TOTAL CLAIMED	GST REBATE	NET AMOUNT	ACCOUNT CODE
TRANSPORTATION:	KM AMOUNT									
TAXIS										
OTHER TRAVEL (specify)										
PARKING										
ACCOMMODATION										
MEALS										
TELEPHONE / FAX										
POSTAGE										
OTHER (specify) –										
DAILY TOTALS:										

**RETURN TO:** Skate Canada, 865 Shefford Road, Ottawa, ON, K1J 1H9