

Kitimat Minor Hockey Association

Name: _____
 Address: _____
 City: _____
 Postal Code: _____
 Email: _____
 Purpose of Travel: _____
 Event Dates: _____

Phone: _____
 Fax: _____

Event Location: _____

SUBMIT ORIGINAL RECEIPTS

Automobile Travel .52 cents p/km.

Date	Gas Receipts	Total
Total Gas		

Other Travel - Air, Ferry Ground Transportation, Other

Date	Explanation / Description	Amount
Total Travel		

Meals per Diem \$45.00 p/diam

No. of Days	Explanation / Description	Amount
	Breakfast	
	Lunch	
	Supper	
Total Meals & Incidentals		

Hotel up to \$150.00

Date	Explanation / Description	Amount
Total Hotel		

Miscellaneous (Please itemize)

Date	Explanation / Description	Amount
Total Misc.		
Total Claim:		

Office Use _____
 Date: _____
 Approved: _____
 Account: _____

Prepaid Expenses: _____
 Total Expenses: _____