OFFICIALS TRAVEL EXPENSE CLAIM FORM

Save the form on your computer, complete it, save it and forward it to johncull@telus.net along with scanned copies of receipts. OR Complete the form and mail it with receipts to John Cull at: 12691 55A Ave. Surrey, BC V3X 1W1. You will only be able to enter information in the sections noted in blue

Submitted by:					Date Submitted:										
<u>Full</u> Mailing Address:						Ph:									
						Email:									
Submit form and receipts directly to John Cull (johncull@telus.net) Submit form and receipts within 30 days of the event Use one line for each event						Record final destination (stadium) under "Destination" Record passenger name under "Passenger if claiming car pool rate Record mileage in km, include the round trip trip under "Total km"									
Record departure point under "Departure"						* Receipts to be submitted by mail, PDF, or electronically (scanned)									
	egion) \$.35/km <i>n-mileage amounts</i>		•	Staff will apply ool) \$.45/km column. The fi	C (Ou	ut of Re	gion) \$			•					
Date of Event	Neme of Event	Departure	Destination	Passenger	Total	* Receipts must be submitte Ferry Park			GST Paid	Budget	Rate	Mileage	Amount		
Event	of Event				km	reny		Parking	Faiu						

 Cheque Payable To:

Committee Chair/Staff Approval:

BC Athletics Pres/CEO Signature:

TOTAL AMOUNT OF CLAIM