



Saskatchewan Rowing Association EXPENSE CLAIM FORM

EVENT EXPENSES INCURRED FOR: _____

LOCATION: _____ DATE: _____

EXPENSES

I would like to donate my expenses to the Sport Legacy Fund.
 I would like to donate only my travel expenses to the Sport Legacy Fund.

PRIVATE VEHICLE USE: (The SRA does not reimburse gas receipts)

Mileage: _____ x \$0.41/km = _____
Travel From - To _____ mileage
_____ x \$0.54/km = _____
Travel From - To _____ mileage (with boat trailer)

PER DIEM:

Meals: Daily maximum \$40.00
Attach receipts

ACCOMODATION:

Hotel / Other \$ _____/night x _____ (room and taxes only, receipts required) = _____

OTHER EXPENSES (receipts required)

(please specify – materials, taxi fare, parking, photocopy, etc) = _____

TOTAL EXPENSES = _____

PAYABLE TO:

Name (please print)

Address

City Postal Code

Phone Number email

Signature Date

AUTHORIZATION SIGNATURE:

Executive Director/Board President

OFFICE USE ONLY:

_____ budget code _____ amount

_____ budget code _____ amount

_____ 1035 (½ GST)

_____ cheque number _____ date

Mail form and all applicable receipts to:
Saskatchewan Rowing Association
510 Cynthia St. Saskatoon, SK S7L 7K7