



# Expense Report

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Committee: \_\_\_\_\_

Purpose of expense: \_\_\_\_\_

| DATE         | DESCRIPTION: | TRANSPORTATION/MILEAGE<br>.40/km Minimum claim is 30km | LODGING<br>Receipts needed | MEALS<br>\$45.00 per day max.<br>Receipts needed | OTHER<br>*Provide details on<br>back of form | CODE | TOTAL | GST | NET |
|--------------|--------------|--|----------------------------|--|--|------|-------|-----|-----|
|              |              |  |                            |  |  |      |       |     |     |
|              |              |  |                            |  |  |      |       |     |     |
|              |              |  |                            |  |  |      |       |     |     |
|              |              |  |                            |  |  |      |       |     |     |
|              |              |  |                            |  |  |      |       |     |     |
|              |              |  |                            |  |  |      |       |     |     |
|              |              |  |                            |  |  |      |       |     |     |
| <b>TOTAL</b> |              |  |                            |  |  |      |       |     |     |

- To receive payment expenses MUST be submitted to Skate Canada Manitoba within 30 days of occurrence with receipts. You also must have your Committee Chairman to sign off on the expense form.**
- Telephone bills can be submitted within 60 days of occurrence (please submit photocopy of bill with charges highlighted)
- Explanation of charges must be outlined on the back of this form
- Please review the allowable expenditure sheet (If you have questions please contact the office)

Signature \_\_\_\_\_  
 (Your Name)

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
 (Committee Chairman Signature)

Date: \_\_\_\_\_

**Receipts must be attached to expense form.**

**OFFICE USE ONLY**

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Executive Director

|                 |
|-----------------|
| Cheque #: _____ |
| TOTAL: _____    |