



British Columbia Target Sports Association

PO Box 496, Kamloops, B.C. V2C 5L2

Team B.C. Expense Claim

Claimants Name: _____ Phone: _____

Mailing Address: _____

Dates Covered: _____

Transportation, Accommodation & Miscellaneous Expenses

Travel To: _____

From: _____

		Description	Amount
Date: _____	Accommodation		
	Ferry		
	Vehicle Travel	40 ¢ per Kilometre X _____ Km	
	Miscellaneous		
Date: _____	Accommodation		
	Ferry		
	Vehicle Travel	40 ¢ per Kilometre X _____ Km	
	Miscellaneous		
Date: _____	Accommodation		
	Ferry		
	Vehicle Travel	40 ¢ per Kilometre X _____ Km	
	Miscellaneous		
Date: _____	Accommodation		
	Ferry		
	Vehicle Travel	40 ¢ per Kilometre X _____ Km	
	Miscellaneous		

Note: Funding is not provided for ground travel of less than 100 Km round trip

Note: Vehicle Travel claim shall not exceed cost of available regular economy airfare

Note: Accommodation must be to a maximum of **\$50.00 per night** - shared

Note: It is expected that team athletes will share accommodation whenever possible

Note: Expense forms must be turned in within 30 days of the event to be processed

Other Expenses: (with receipts)

Reason For Expenses: _____

Total Claim

Signature _____

Date _____

BCTSA Use Only

Cheque # _____

Date: _____

Account _____

Amount _____

Total _____

Approved: _____

Date: _____

Title: _____

**Please attach receipts
in support of each
expense claim item**

*Expense forms must be submitted
within 30 days of the event being
claimed.*

I certify this is a true and correct statement of my claim for BCTSA business on behalf of the BCTSA, or for events which are financially supported by the BCTSA and that I have not received nor claimed compensation from any other Agency for these expenses