



# British Columbia Target Sports Association

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

## Expense Claim

Claimants Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dates Covered: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Transportation, Accommodation & Miscellaneous Expenses

Travel To: \_\_\_\_\_ From: \_\_\_\_\_

Description Amount

Date:	Description	Amount
	Accommodation	
	Ferry / Air Fare	
	Meals	Br <input type="checkbox"/> Lu <input type="checkbox"/> Di <input type="checkbox"/>
	Vehicle Travel	40 ¢ per Kilometre X _____ Km
	Miscellaneous	
	Accommodation	
	Ferry / Air Fare	
	Meals	Br <input type="checkbox"/> Lu <input type="checkbox"/> Di <input type="checkbox"/>
	Vehicle Travel	40 ¢ per Kilometre X _____ Km
	Miscellaneous	
	Accommodation	
	Ferry / Air Fare	
	Meals	Br <input type="checkbox"/> Lu <input type="checkbox"/> Di <input type="checkbox"/>
	Vehicle Travel	40 ¢ per Kilometre X _____ Km
	Miscellaneous	
	Accommodation	
	Ferry / Air Fare	
	Meals	Br <input type="checkbox"/> Lu <input type="checkbox"/> Di <input type="checkbox"/>
	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 at 'reasonable' rates
- Note:** Coaching Honorariums ( fully certified ) - I - B \$50.00 / Comp Dev - \$80.00
- Note:** If **fully certified** Level 1 / 2 / 3 coach **and** working toward I-B level then 40 / 60 / 80 funding will be provided for sanctioned courses you coach until Dec 31, 2017
- Note:** Meal costs to a Maximum of \$50.00 per day B 10 / L 15 / D 25

Other Expenses: ( with receipts )

Reason For Expenses: \_\_\_\_\_ Total Claim

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

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.*