SOUTH EAST ALBERTA VOLLEYBALL CLUB

SEAVC RATTLERS EXPENSE CLAIM FORM

Name: _____ **Date Submitted:** _____

Address: _____ **Postal Code:** _____

SEAVC Team/Position: _____

***NB** **Please staple all *receipts* to form.**
Claims for *Per Diems only* may be submitted directly to *wes.king-hunter@sd76.ab.ca*

Expenses/Reimbursements:

	Details: Team/Tourney	***Amount***
1) Registration & Entry Fees:		
2) Registration & Entry Fees:		
3) Registration & Entry Fees:		
1) Accommodations:		
2) Accommodations:		
3) Accommodations:		
4) Accommodations:		
1) Travel - Gas Receipts		
2) Travel - Gas Receipts		
3) Travel - Gas Receipts		
4) Travel - Gas Receipts		

1) Meals: **Per Diem = $25/day x ____ days (of scheduled tourney)** _____
(Team / Tourney / Date): _____

2) Meals: **Per Diem = $25/day x ____ days (of scheduled tourney)** _____
(Team / Tourney / Date): _____

3) Meals: **Per Diem = $25/day x ____ days (of scheduled tourney)** _____
(Team / Tourney / Date): _____

4) Meals: **Per Diem = $25/day x ____ days (of scheduled tourney)** _____
(Team / Tourney / Date): _____

***** example : $25/day x 2 days** (tourney scheduled for Sat & Sun)*
15W / Edm Prem #2 / Mar 16-17)

Other Miscellaneous Expenses (attach receipts)

Details: _____ _____
Details: _____ _____
Details: _____ _____
Details: _____ _____

Signature: _____ **Grand Total:** _____

I, above signed, verify the expense requests to be accurate

*****N.B. - Receipts required for all expenses! - except for Meal Per Diems ($25/day of scheduled tourney)***

Admin Use Only:

Cheque # _____ ***Date Issued:*** _____ ***Admin Initials:*** _____