



BOARD OF DIRECTORS EXPENSE CLAIM FORM

TRAVEL

Date of Travel:			
Reason for Travel:			
From:	To:	# km:	
From:	To:	# km:	
		Cost	Budget Area
Total km:	x .33	=	
Other Travel Expenses	Airfare	=	
	Parking	=	
	Other	=	
Total Travel Expenses		=	

MEALS AND ACCOMMODATIONS

Date	Event	Cost	Budget Area
		=	
		=	
		=	
		=	
		=	
Total Meal and Accommodations Expense		=	

MISCELLANEOUS

Date	Description	Cost	Budget Area
		=	
		=	
		=	
		=	
		=	
Total Miscellaneous Expenses		=	

Total Expense Claim	=
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I have read the RNS Expense Policy and by signing below I certify that all expenses claimed above were incurred in the course of RNS business. With this claim I have attached all necessary receipts and documentation, as outlined in the RNS Expense Policy.

SUBMITTED BY (PRINT NAME): _____

MAILING ADDRESS: _____

POSTAL CODE: _____

EMAIL TO: ringette@sportnovascotia.ca

RECEIPTS MUST BE AVAILABLE UPON REQUEST. PLEASE RETAIN A COPY FOR YOUR RECORDS.