

NAME / NOM: _____ **POSITION / CAPACITE:** _____

ADDRESS: _____
Street / Rue _____ City, Prov / Ville, Prov _____
TELEPHONE: _____ **EMAIL / COURIEL:** _____

OTHER

ITEM _____	AMOUNT _____	
		TOTAL CLAIM / TOTAL REMBOURSABLE

 PLEASE PROCESS PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT)
 VEUILLEZ TRAITER LE PAIEMENT PAR TRANSFERT ÉLECTRONIQUE DE FONDS (TEF)

 Please Initial /
 Veuillez parapher

To request an EFT payment requires a complete EFT Authorization form / Pour demander un paiement par TEF, vous devez remplir un formulaire d'autorisation de TEF.

TRAVEL

COACH MILEAGE	Mileage _____	# of kilometres x \$0.40/KM	
JUDGE MILEAGE	First 100 KM _____	# of kilometres x \$0.20/KM	
JUDGE MILEAGE	After 100 KM _____	# of kilometres x \$0.40/KM	
TRAILER MILEAGE*	Mileage _____	# of kilometres x \$0.45/KM	
HOTEL	_____		
			TOTAL CLAIM / TOTAL REMBOURSABLE

COACHING

PROGRAM / EVENT	Date _____	Hours _____	x Rate _____	
PROGRAM / EVENT	Date _____	Hours _____	x Rate _____	
PROGRAM / EVENT	Date _____	Hours _____	x Rate _____	
PROGRAM / EVENT	Date _____	Hours _____	x Rate _____	
				TOTAL CLAIM / TOTAL REMBOURSABLE

JUDGING

EVENT NAME _____	Date _____	<input type="checkbox"/> Half Day (\$50) _____	<input type="checkbox"/> Full Day (\$100) _____	
EVENT NAME _____	Date _____	<input type="checkbox"/> Half Day (\$50) _____	<input type="checkbox"/> Full Day (\$100) _____	
EVENT NAME _____	Date _____	<input type="checkbox"/> Half Day (\$50) _____	<input type="checkbox"/> Full Day (\$100) _____	
				TOTAL CLAIM / TOTAL REMBOURSABLE

TOTAL CLAIM
 TOTAL CLAIM /
 TOTAL REMBOURSABLE

AUTHORIZATION

 I hereby certify that I have expended the amounts indicated and the account is correct and just in all respects. / Par la présente, j'atteste que
 dépensé le montant indiqué et que le compte est exact a tous les rapports.

 Claimants Signature

 Date

 Authorized By

 Date