



100 MILE HOUSE & DISTRICT MINOR HOCKEY CLINIC AND TRAVEL EXPENSE FORM

NAME: _____ POSITION: _____

NAME OF SEMINAR/COURSE/CONFERENCE: _____

LOCATION: _____

DATE OF FUNCTION: _____ START: _____ FINISH: _____

TRAVEL:

VEHICLE: _____ KILOMETERS X \$0.57 CENTS = _____

OTHER: (Taxi, Ferry, etc.) _____ = _____

ATTACH RECEIPTS

ACCOMMODATION: _____ = _____

HOTEL/MOTEL-ATTACH RECEIPTS

MEAL ALLOWANCE: _____ Days = _____

(Breakfast \$10, Lunch \$15, Dinner \$25)

****If any meals are supplied by the presenters during the seminar
or conference, the dollar amount applicable shall be deducted
from the \$50/day****

OTHER: _____ = _____

ATTACH RECEIPTS

ADVANCE ONLY = _____

TOTAL: = _____

LESS ADVANCE = _____

TOTAL PAYABLE: = _____

COACH/MEMBER SIGNATURE: _____ DATED: _____

TREASURER SIGNATURE: _____ CHEQUE# _____

PRESIDENT SIGNATURE (If Required) _____