

Expense Form

British Columbia Archery Association

PRINT NAME _____ PORTFOLIO/Role _____

Full Mailing ADDRESS _____

EVENT _____ LOCATION _____

Event Date(s) _____ Expense Form Submission Date: _____

Program Description (tick)

<input type="checkbox"/> Staff/Officials	<input type="checkbox"/> BC Winter Games	<input type="checkbox"/> Meetings
<input type="checkbox"/> Volunteer Support	<input type="checkbox"/> BC Championships	<input type="checkbox"/> Administration
<input type="checkbox"/> Training Camp	<input type="checkbox"/> Nationals	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Athlete Assistance	<input type="checkbox"/> Western Canada Games	<input type="checkbox"/> Promotion
<input type="checkbox"/> JOP (Junior Olympian Program)	<input type="checkbox"/> Canada Games	<input type="checkbox"/> Audit
<input type="checkbox"/> NCCP (Coaching Program)	<input type="checkbox"/> Special Event:	
<input type="checkbox"/> IBEP (Bowhunter Program)		
<input type="checkbox"/> BCPT (Performance Team)		

Expense Details

	Expense	\$ Claim		Details
5760	Exec Rental	\$		Period: _____
5710	Honorariums (specify clinic/days)	\$		
5784	TRAVEL 1st 5000km \$0.52/km Over 5000km \$0.46/km	\$	YTD km: _____	Round trip Km _____
5788	FOOD (\$10.00/\$10.00/\$15.00) (breakfast/lunch/dinner)	\$		
R = Requires supporting documentation			Taxes	
5782	R Accomodation	\$		
5780	R Telephone	\$		
5640	R Postage/Shipping	\$		
5642	R Printing/Photocopying	\$		
5700	R Office supplies	\$		
5770	R Awards	\$		
	R Other:	\$		
		\$		
		\$		
	Total Taxes Paid	PST: \$	GST: \$	HST: \$ Hotel Tax: \$
	Total Expenses Claimed	\$	Signature: _____	

Comments:

Cheque No. _____ \$Total _____ Date Issued: _____

Issued by: _____

