



Alberta Taekwondo Association

EXPENSE AND HONORARIUM CLAIM FORM

PLEASE ATTACH ALL ORIGINAL RECEIPTS	THIS FORM MUST BE SUBMITTED WITHIN 15 DAYS FOLLOWING THE EVENT.
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EVENT NAME:	EVENT DATE:
NAME:	Tel: ()
Mailing Address:	City:
E-mail	Prov: Postal Code
Date of Birth:	SIN Number:

A. Transportation	Amount		TOTAL (\$)	Office Use Only				
	1	2		Approved	%	Amt.	GST incl	Acct
Mileage (\$0.35/km)	1	2	1 + 2					
1. From: To: Km:								
2. From: To: Km:								
Airline Ticket								
Airport Tax								
TOTAL (A)								

B. Accommodations	Amount		TOTAL (\$)	Office Use Only				
	1	2		Approved	%	Amt.	GST incl	Acct
Date / Description	1	2	1 + 2					
TOTAL (B)								

C. Other	Amount		TOTAL (\$)	Office Use Only				
	1	2		Approved	%	Amt.	GST incl	Acct
Specify Details	1	2	1 + 2					
i)								
ii)								
TOTAL (C)								

D. Honorarium: This section must be completed **in full** and must be authorized by the Alberta Taekwondo Association.

Authorized by (Please Print Name): _____ **Position:** _____

Authorization Signature: _____

			TOTAL (\$)	Office Use Only				
Duty	Date	Times	1 + 2	Approved	%	Amt.	GST incl	Acct
TOTAL (D)								

TOTAL = (A) + (B) + (C) + (D) (Office Use Only)	CHQ No:
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Requester's Signature: _____ **Date:** _____