



ONTARIO CURLING ASSOCIATION

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EXPENSE CLAIM

Name:
Address:

Date:
Telephone:

Signature:

Purpose:

EXPENSE TYPE	AMOUNT
Automobile Travel: kms @ .40 cents per km	
<i>Note: The total number of kms shown above must equal the total in the summary below</i>	
Taxi:	
Accommodations: nights at \$ per night	
Telephone:	
Fax:	
Postage:	
Courier:	
Supplies:	
Other: (Please Specify)	
TOTAL EXPENSES	

PLEASE READ REVERSE FOR POLICY ON EXPENSE CLAIM REIMBURSEMENTS

TRAVEL SUMMARY					
Trip #	Date	From	To	Purpose	KMS
1					
2					
3					
4					
5					
6					
Total					