SASK WRESTLING
EXPENSE CLAIM

Event: _____

Date: _____

Location: _____

Reimburse to: (print)

Name: _____

Address: _____

City _____

Postal Code _____

Ph # _____

email _____

Date Submitted _____

Signature: _____

Expenses

Mileage _____ km $0.45   = $ _____

= $ _____

Breakfast   ($12.00 daily limit)   = $ _____

Lunch   ($14.00 daily limit)   = $ _____

Supper   ($21.00 daily limit)   = $ _____

(Meals receipts must be attached. Will pay lessor of actual meal receipt or max limit)

= $ _____
= $ _____
= $ _____
= $ _____
= $ _____
= $ _____
= $ _____
= $ _____
= $ _____
= $ _____
= $ _____
= $ _____
= $ _____

Grand Total of Claim = $ _____

Copies of Receipts must be attaached to Claim

OFFICE USE ONLY Date: _____   **ED Authorization:** _____

Account # _____   **Amount $** _____   **Chq Date** _____   **Invoice Batch #** _____

Account # _____   **Amount $** _____   **Chq Date** _____   **Payment Batch #** _____

Vendor # _____   **GST1015$** _____   **Cheq $** _____   **Issued by** _____

Updated November 2022