



JUDO BC

4421 Prince Albert St.
Vancouver, BC
V5V 4K1

EXPENSE CLAIM FORM

Make Cheque Payable to:

Name:		Address:	
City:	Postal Code:	Phone:	
Date of Event:		Event Location:	
Name of Event:		Position:	

RECEIPTS MUST BE ATTACHED!!

Travel

Air travel:	\$	
Ground travel: _____ km @ \$0.45 / km	\$	
Other (explain) _____	\$	
TOTAL TRAVEL		\$

Accommodation

	\$	
TOTAL ACCOMMODATION		\$

Meals - Must be pre-approved

\$ 10.00 for breakfast x days	\$	
\$ 10.00 for lunch x days	\$	
\$20.00 for dinner x days	\$	
TOTAL MEALS		\$

Miscellaneous (explain or comments)

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	\$	
TOTAL MISC.		\$

TOTAL CLAIM		\$
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FOR OFFICE USE ONLY

Approved by:	Expense account:	Date:
Signature:	Cheq#:	Date: Account:

Note: All expense must be approved by the Treasurer or the committee Chair.

Executive 06/10