



#300 - 1734 Elphinstone St Regina, SK S4T 1K1

Phone: 306-780-9353

Web: www.saskrugby.com

Expense Form

EXPENSES INCURRED WHILE ATTENDING:

Name of Event: _____

Location: _____

Dates: _____

SUBMITTED BY (PLEASE PRINT)

Cheque Payable Name: _____

Address: _____

City: _____

Postal Code: _____

Date Submitted: _____

Signature: _____

I certify that this expense claim form is correct and that these expenses have been incurred for the above stated purposes.

Would you like to donate a portion to the Saskatchewan Rugby Legacy Fund?

For Tax credit? _____

Total Amount: _____

Signature _____ Date _____
As consistent with Revenue Canada Guidelines, I realize that this donation is made voluntarily without any conditions and no benefits will accrue to me.

By contributing to the Rugby Legacy Fund, you can help ensure others can share some of the wonderful experiences of being involved in rugby.

TRAVEL COSTS:

Vehicle: ___ kms @ 57 cents/km = \$ _____

OR Rental Vehicle: (attach receipts) = \$ _____

Rental Vehicle Fuel (attach receipts) = \$ _____

OTHER COSTS:

Honoraria: (attach receipts)

= \$ _____

Taxi: (attach receipts) = \$ _____

Flight: (attach receipts) = \$ _____

ACCOMMODATION COSTS: (attach receipts)

MEAL COSTS (maximum) attach receipts:

___ Breakfasts @ \$10 each = _____

___ Lunches @ \$18 each = _____

___ Dinners @ \$23 each = _____

Per Diem maximum \$51

OTHER EXPENSES: (attach receipts)

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

GRAND TOTAL OF CLAIM: = \$ _____

Option for Auto Deposit

Email or Phone number: _____

Financial Institution: _____

Financial Institution Number: _____

Branch Number: _____

Account Number: _____

OFFICE USE ONLY

Approved by: _____

Transfer to Legacy: _____

Date: _____

NSTF# _____