



# ONTARIO CURLING ASSOCIATION

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## EXPENSE CLAIM

Name:
Address:

Date:
Telephone:

Signature:
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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)	
<b>TOTAL EXPENSES</b>	

**PLEASE READ REVERSE FOR POLICY ON EXPENSE CLAIM REIMBURSEMENTS**

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