

EXPENSE REQUEST FORM



Please submit form to Curl BC with all receipts attached
 Cheques are processed on the 15th and 30th of each month

PAYABLE TO: (NAME & ADDRESS REQUIRED)	Date Submitted:
Name:	Event/Function:
Address:	Date of Expense:
	Signature:

ITEM	Receipt Submitted	ITEM TOTAL	OFFICE USE ONLY
TRANSPORTATION	ML		
Flight	<input type="checkbox"/>		
Ferry	<input type="checkbox"/>		
Parking	<input type="checkbox"/>		
Mileage (\$0.50/km) KM in box*	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

*if multiple trips please attach summary

ACCOMMODATION			
<i>Where possible stay @ Best Western using Curl BC Corporate ID 01504820 for discounted rate</i>			
Room Rate: \$	/ Night X #	of Nights	<input type="checkbox"/>
M	Breakfast (Max \$15) X # of Breakfasts	→	<input type="checkbox"/>
E	Lunch (Max \$15) X # of Lunches	→	<input type="checkbox"/>
A	Dinner (Max \$25) X # of Dinners	→	<input type="checkbox"/>
L			
S	Maximum \$55/Day X # of Days	→	<input type="checkbox"/>

HONORARIUM (note: you are responsible for claiming on your income)			
<input type="checkbox"/> Officiating	<input type="checkbox"/> Coaching	<input type="checkbox"/> Rocks & Rings	<input type="checkbox"/> Other (specify)
Other:			

OTHER EXPENSES (Please Itemize)			
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

SUBTOTAL of EXPENSES	\$0.00
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DONATION Yes, I want to support curling by donating part of these expenses to the Curling for Life Endowment Fund. Please indicate amount.	
DONATION Yes, I want to support curling by donating part of these expenses to a BC Amateur Sport Fund project at https://www.curlbc.ca/bc-amateur-sport-fund/ . Please specify which one.	
TAX RECEIPT I would like a tax receipt for the donation amount shown (please check).	<input type="checkbox"/>
RECOGNITION Curl BC will occasionally publish a list of donors to the Endowment Fund. Please check if you would prefer to remain anonymous.	<input type="checkbox"/>

TOTAL EXPENSES	\$0.00
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_____ Staff Approval	_____ Date Posted
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