

**South Okanagan Minor Hockey Association  
Expense Sheet  
PO Box 122 Osoyoos BC V0H 1V0**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Purpose of Expense: \_\_\_\_\_  
Team: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation: Air: \_\_\_\_\_ Ferry: \_\_\_\_\_ \$ \_\_\_\_\_  
Ground Transportation (bus, taxi, etc.) \$ \_\_\_\_\_  
Car: \_\_\_\_\_ total KM x \$.40/km \$ \_\_\_\_\_

Hotel: (Receipts required) \$ \_\_\_\_\_  
Please obtain approval from your Division Director for any amount  
over \$120 per night prior to making your reservation.

Meals: (Receipts required)  
Breakfast (max.) \$10.00 x \_\_\_\_\_ days \$ \_\_\_\_\_  
Lunch (max.) \$10.00 x \_\_\_\_\_ days \$ \_\_\_\_\_  
Dinner (max.) \$18.00 x \_\_\_\_\_ days \$ \_\_\_\_\_

Telephone: Copy of bill required \$ \_\_\_\_\_

Postage: (attach receipt) \$ \_\_\_\_\_

Other: Please itemize and attach receipts  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

I hereby certify that this amount is correct in every respect and that all expenses  
were necessarily incurred for the purpose of this project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized: \_\_\_\_\_ Date: \_\_\_\_\_ CHQ# \_\_\_\_\_