



Saskatchewan Karate Association

*"The ultimate aim of the art of Karate lies in the perfection of the character of its participants."
- Gichin Funakoshi*

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EXECUTIVE/ZONE REP EXPENSE CLAIM

Date: _____

Name: _____ Phone: _____

Address: _____

Postal Code: _____ Dojo: _____

Please specify activity (eg. Board or Executive Meeting, Sask Sport Meeting or other):

Activity: _____

Date (s): _____

Location: _____

TRANSPORTATION (Vehicles must be shared wherever possible)

Gas (receipts attached): _____

or

Mileage: _____ km x .30 = \$ _____

Other: _____

Total _____

Meals (where applicable receipts must be provided)

Breakfast (\$15.00 max) _____

Lunch (\$15.00 max) _____

Supper (\$20.00 max) _____

or

\$50/day per diem _____

Total _____

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Name: _____

Date of Activity: _____

ACCOMMODATIONS (Accommodation shall be shared wherever possible)

Allowance for reimbursement of accommodations as specified beforehand by the Board of Directors.

_____ nights X \$_____ = _____

(Receipts for accommodations must be attached)

Total Claim:

Transportation: _____

Meals: _____

Accommodations: _____

Balance due to claimant \$ _____

I certify that these expenses were incurred by myself on the dates previously outlined, and for the activity specified above.

Signature

Date

For Treasurer's Use Only:

Date Received: _____

Date of Reimbursement: _____ SKA Cheque # _____