



Taekwondo Canada

EXPENSE AND HONORARIUM CLAIM FORM

PLEASE SCAN AND ATTACH ALL ORIGINAL RECEIPTS	This form must be submitted to Taekwondo Canada WITHIN 15 DAYS following the event.
---	--

EVENT NAME:	EVENT DATE:	
NAME:	Tel: ()	
Mailing address	City:	
E-mail	Prov:	Postal Code

A. Transportation (Mileage \$0.45/km)	Amount
From: _____ To: _____ Km: _____	
From: _____ To: _____ Km: _____	
Airline or Rail Ticket Details:	
TOTAL (A)	

B. Accommodations (Date/Description)	Amount
TOTAL (B)	

C. Other (Please specify details)	Amount
TOTAL (C)	

D. Honorarium (Please specify duty and dates)	Amount
TOTAL (D)	
Honorarium approved by:	

TOTAL = (A) + (B) + (C) + (D) (Office Use Only)	CHQ No:
--	----------------

Requester's Signature: _____ **Date:** _____