Archery Nova Scotia
c/o Sport Nova Scotia | 5516 Spring Garden Road, 4th Floor
Halifax, Nova Scotia B3J 1G6 | 902-425-5450 extension 371

www.aans.ca/
www.sportnovascotia.com/main.htm

EXPENSE FORM

Name: _____ Date Submitted: _____

Position: _____ Phone Number: _____

Address: _____

City/Province/Postal Code: _____

Event/Purpose: _____

Suggested Account (High Performance, Participation Development, Meeting, Training Development, etc.):

_____

TRAVEL BY AIR (attach ticket invoice* and boarding passes): $ _____

TRAVEL BY CAR: _____ km one-way x 2 = _____ km x $0.30/km $ _____

HOTEL (attach receipt*): _____ single or _____ shared $ _____

MEAL ALLOWANCE: $45 per day x _____ (number of days) = $ _____

$15 per meal x _____ (number of meals) = $ _____

OTHER (attach invoice and receipt*): _____ $ _____

OTHER (attach invoice and receipt*): _____ $ _____

SUBTOTAL: $ _____

Less prepaid items and advance: _____ $ _____

TOTAL CLAIM: $ _____

I certify that I have expended the amounts indicated and the account is correct and just in all respects.

_____ _____

Signature Date

* Receipts/Invoices must be provided for all expenses, except meals and mileage. Send this claim to the ANS Administration Office within 30 days following the event, otherwise the claim may be refused.

OFFICE USE: Date Paid: _____ Cheque Number: _____