



## TRAVEL AND EXPENSE CLAIM FORM

NAME:	
ADDRESS:	
CITY:	POSTAL CODE:
MEETING:	
LOCATION:	DATE:

**ORIGINAL RECEIPTS MUST BE ATTACHED.**

(Credit card/debit card receipts or statements will not be accepted.)

### TRAVEL

Mileage	_____ km @ .40¢/km		\$
Hwy 407 to	Entry Point _____	Exit Point _____	
	Total kms to (407) _____		
Hwy 407 rtn	Entry Point _____	Exit Point _____	
	Total kms return (407) _____		
	Total 407 _____ kms x .27¢		\$
If claiming 407ETR, do you have a transponder (circle)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Car Rental			\$
Airfare			\$
Train			\$
Taxi			\$

### MEALS

(please circle)

Breakfast(s)	M T W Th F Sat Sun	_____ @ \$8.00 each	\$
Lunch(es)	M T W Th F Sat Sun	_____ @ \$10.00each	\$
Dinner(s)	M T W Th F Sat Sun	_____ @ \$22.00 each	\$

### ACCOMMODATION/OTHER

Accommodation	\$
Other (explain)	\$
Other (explain)	\$
Other (explain)	\$

<b>Total Requested</b>	\$
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Signature: \_\_\_\_\_

Submit to: Ontario Federation of School Athletic Associations, 204-3 Concorde Gate, Toronto, ON. M3C 3N7