

Cheque # _____

Playoff Travel Expense Form

55+ BC Games – Zone 8

Driver's Name: (Please print) _____

Complete mailing address: _____

_____ Postal code: _____

Date: _____ Telephone #: _____

From: _____
(your starting point i.e. city, town)

To: _____
(location of playoffs i.e. city, town)

Round trip total kilometres: _____

Sport/Activity: _____

Passengers:	Date:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Driver's signature: _____

Approved by: _____ Date paid: _____

Claims to be reimbursed upon authorization:

1. Eligible mileage at \$0.52/km to sanctioned event outside your area (no receipt required). Only one driver may claim.
2. Participants must carpool when possible.
3. Submit expense claims to treasurer at meeting or mail to:

Sharon Green, Treasurer
674 Brandon Ave.
Kamloops BC V2B 1N4