



Ontario Taekwondo Association (OTA)

EXPENSE AND HONORARIUM CLAIM FORM

PLEASE PRINT IN BLOCK LETTERS!

ORIGINAL RECEIPTS MUST BE ATTACHED FOR ALL REIMBURSEMENTS	THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS FOLLOWING THE EVENT TO: Master David Silverman, Treasurer (Director of Finance) Ontario Taekwondo Association 1300 Carling Avenue Ottawa, ON K1Z 7L2
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EVENT NAME:	EVENT DATE:
REQUESTOR NAME:	Tel: ()
Mailing address:	City:
E-mail:	Prov: Postal Code

A. Transportation	Amount		TOTAL (\$)	Office Use Only			
Mileage (as per policy)	1	2	1 + 2	Approved ?	Amount Approved	GST incl	Acct
1. From: To: Km:							
2. From: To: Km:							
Airline Ticket							
TOTAL (A)							

B. Accommodation	Amount		TOTAL (\$)	Office Use Only			
Date / Description	1	2	1 + 2	Approved ?	Amount Approved	GST incl	Acct
TOTAL (B)							

C. Other	Amount		TOTAL (\$)	Office Use Only			
Specify Details	1	2	1 + 2	Approved ?	Amount Approved	GST incl	Acct
i)							
ii)							
iii)							
TOTAL (C)							

D. Honorarium:	Full details required		TOTAL (\$)	Office Use Only				
Duty	Date	Times		Approved	%	Amt.	GST incl	Acct
TOTAL (D)								

TOTAL = (A) + (B) + (C) + (D) (Office Use Only)	CHQ No:
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This form must be completed **in full** and must be authorized by the appropriate OTA Representative. PLEASE SUBMIT SEPARATE EXPENSE CLAIM FORMS FOR SEPARATE EVENTS. By signing below, I am requesting the above expense reimbursements and/or honorarium claims. I understand that only expense claims with original receipts will be considered:

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

Authorized by (Please Print Name): _____ **Title:** _____

Authorization Signature: _____ **Date:** _____