



Ontario Taekwondo Association (OTA)

EXPENSE AND HONORARIUM CLAIM FORM

PLEASE PRINT IN BLOCK LETTERS!

<p>ORIGINAL RECEIPTS MUST BE ATTACHED FOR ALL REIMBURSEMENTS</p>	<p>THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS FOLLOWING THE EVENT TO:</p> <p style="margin-left: 20px;">Executive Assistant Ontario Taekwondo Association (OTA) 9078 Leslie Street, Unit 5 & 6 Richmond Hill, ON L4B 3L8</p>
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Requester Name: _____ **Tel:** () _____

Mailing address: _____ **City:** _____

E-mail: _____ **Prov:** _____ **Postal Code** _____

EVENT NAME: _____ **EVENT DATE:** _____

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

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

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

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

TOTAL = (A) + (B) + (C) + (D) (Office Use Only)	\$	HST included: \$	CHQ #:
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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 (Print Name): _____ **Title:** _____

Authorization Signature: _____ **Date:** _____