



SASKATCHEWAN LACROSSE ASSOCIATION EXPENSE FORM



EXPENSES INCURRED FOR: _____

LOCATION: _____ DATES: _____

SUBMITTED BY (PRINT): _____ SIGNATURE: _____

ADDRESS: _____ CITY/PROVINCE: _____

POSTAL CODE: _____ EMAIL ADDRESS: _____

HONORARIUMS

Officiating Clinician: _____ HOURS X \$20.00 = \$ _____ Coaching Clinician: _____ HOURS X \$20.00 = \$ _____

Sport Coordinator: _____ HOURS X \$15.00 = \$ _____ Provincial Championships Convenor: \$ _____

TOTAL HONORARIUMS: \$ _____

PROVINCIAL CHAMPIONSHIPS OFFICIATING FEES

Novice/Tyke Box: _____ GAMES X \$15.00 = \$ _____ Pee Wee Box: _____ GAMES X \$25.00 = \$ _____

Bantam Box: _____ GAMES X \$30.00 = \$ _____ Midget Box: _____ GAMES X \$45.00 = \$ _____

Junior Box: _____ GAMES X \$75.00 = \$ _____ Senior Box: _____ GAMES X \$75.00 = \$ _____

Shot Clock: _____ GAMES X \$ _____ = \$ _____ (Shot Clock Officials receive 1/2 the pay a floor official receives for that division)

U16 Field: _____ GAMES X \$30.00 = \$ _____ U19 Field: _____ GAMES X \$30.00 = \$ _____

TOTAL PROVINCIAL CHAMPIONSHIPS OFFICIATING FEES: \$ _____

TRAVEL EXPENSES (If claiming gas paid instead of mileage receipts are required)

TRAVEL TO: _____ Distance: (Total there and back) _____ KM X \$0.40 = \$ _____

MEALS (Per Diem):

Breakfast: _____ X \$10.00 = \$ _____ Lunch: _____ X \$15.00 = \$ _____ Supper: _____ X \$25.00 = \$ _____

TOTAL MEALS: \$ _____

ACCOMMODATION: Hotel Name: _____ Days: _____ @ \$ _____ per night = \$ _____
(Attach Receipt)

OTHER EXPENSES (See Attached Summary) (Must be supported by receipts): \$ _____

TOTAL EXPENSES = \$ _____

SPORT LEGACY FUND DONATION (Complete Attached Form): **TOTAL DONATION = (\$ _____)**

TOTAL TO BE PAID: \$ _____

EXECUTIVE DIRECTOR'S SIGNATURE



SASKATCHEWAN LACROSSE ASSOCIATION EXPENSE FORM



Other Expense Summary

To be completed for all Expenses where receipts are being submitted for reimbursement (not required for per diem / mileage / honorariums)

PAID TO	EXPLANATION	COST
TOTAL		

SPORT LEGACY FUND "A New Opportunity to Give"

This optional program is open to all Volunteers and Staff of the Saskatchewan Lacrosse Association.

Each time you submit an expense claim form, the Saskatchewan Lacrosse Association may reimburse you for you're out of pocket expenses plus pay your mileage at a rate of 40 cents per kilometer. When completing your expense form or when you receive your reimbursement you can choose to make a donation to the Sport Legacy Fund. Depending on your wishes, all or a portion of the expense amount can be donated. You can make a donation as often as you like -- once a year, once a month, or each time you complete an expense form. Not only will you feel good about financially supporting amateur sport but at the end of the calendar year you will receive an income tax receipt for the total amount donated. To make a donation please complete the donor form below.

Thank you for the volunteer hours you dedicate to the sport of lacrosse in Saskatchewan.

At the request of the Saskatchewan Lacrosse Association, I am donating \$ _____ to the National Sport Trust Fund towards the development of lacrosse in Saskatchewan. I wish my donation to support the following cause(s):

	% of donation
Provincial Team Funding	_____
Intro/Participation Initiatives	_____
Sask. Lacrosse Association (general)	_____
Coaching & Officiating Development	_____
Aboriginal Development Initiatives	_____
Other: _____	_____

As consistent with Canadian Customs & Revenue Agency guidelines, I realize that this donation is made voluntarily without any conditions and no benefit will accrue to me.

Signature

Date

THANK YOU FOR SUPPORTING THE SPORT LEGACY FUND TO HELP THE SASKATCHEWAN LACROSSE ASSOCIATION GROW AND IMPROVE ITS PROGRAMS!