



# Stittsville Minor Hockey Association

SMHA  
 P.O. Box 892  
 Stittsville, Ontario  
 K2S 1K8

## EXPENSE CLAIM FORM

PAYABLE TO:

LAST NAME				DATE	9-Oct-03			
First NAME				Home Phone #	(613)		-	X
SMHA Position				Work Phone #	(613)		-	X
ADDRESS				Cell Phone #	(613)		-	X
CITY				EMAIL HOME				
PROVINCE		POSTAL Code		EMAIL WORK				

EXPENSES (PLEASE ATTACH ALL ORIGINAL RECEIPTS WHERE APPLICABLE):

DATE (DD/MMM/YYYY)	SMHA OP EXPENSE CLAIM DESCRIPTION	KM Driven	Mileage \$ Claim	Supervision \$ Claim	Meeting \$ Claim		Other \$ Claim	TOTAL \$	COMMENTS FOR OFFICE USE
<b>TOTAL</b>									

COMMENTS:	
Claimants Signature:	

**SMHA ADMIN/OFFICE USE ONLY**

DATE CLAIM RECVD		DATE CLAIM PAID		Cheque #		Cheque AMOUNT		SMHA OP Claim Ref #	
COMMENTS								SMHA OP APPROVAL SIGNATURE	