

SEPAK TAKRAW TRAVEL & EXPENSE POLICY, Appendix 1

Expense Reimbursement Form

NAME		ADDRESS		DATE		
CITY		POSTAL CODE	PHONE	FAX		
EMAIL ADDRESS						
VOLUNTEER _____ OFFICIAL _____ TOC _____ CLINICIAN _____ STAFF _____ EXECUTIVE _____ PLAYER _____						
EVENT NAME(S) / PURPOSE OF CLAIM: _____						
MEALS: VOLUNTEERS, TOC, OFFICIALS, CLINICIAN		IN SASK	OUT OF SASK	# OF DAYS	DATES	TOTAL
BREAKFAST		\$7.00	\$8.00			\$
LUNCH		\$7.00	\$8.00			\$
SUPPER		\$7.00	\$8.00			\$
		(\$21.00/day)	(\$24.00/day)		TOTAL	\$
MEALS: STAFF / EXECUTIVE		IN SASK	OUT OF SASK	# OF DAYS	DATES	TOTAL
BREAKFAST		\$9.00	\$10.00			\$
LUNCH		\$9.00	\$10.00			\$
SUPPER		\$9.00	\$10.00			\$
		(\$27.00/day)	(\$30.00/day)		TOTAL	\$
TRAVEL – MILEAGE:		KM. X \$0.25/KM = _____		PARKING: _____ OTHER (_____): _____		\$
ACCOMMODATIONS:		# NIGHTS X _____ = _____				\$
TELEPHONE:		ATTACH DOCUMENTATION				\$
REF LEVEL (circle):	REFEREEING MATCHES FEES:					
2 3 4 5 6	MINI KICKS, 1 Ref, \$5.00 / \$6.00 per match X _____ =					\$
2 3 4 5 6	YOUTH – Modified, 1 Ref, \$6.00 / \$6.50 / \$7.00 / \$7.50 / \$8.00 per match X _____ =					\$
2 3 4 5 6	YOUTH – Best of 3, 1 Ref, \$7.00 / \$7.50 / \$8.00 / \$8.50 / \$9.00 per match X _____ =					\$
2 3 4 5 6	YOUTH – Best of 3, 2 Refs, \$6.50 / \$7.00 / \$7.50 / \$8.00 / \$8.50 per match X _____ =					\$
3 4 5 6	JUNIOR – Best of 3, 1 Ref, \$8.50 / \$9.00 / \$9.50 / \$10.00 per match X _____ =					\$
3 4 5 6	JUNIOR – Best of 3, 2 Refs, \$8.00 / \$8.50 / \$9.00 / \$9.50 per match X _____ =					\$
3 4 5 6	SR./MASTERS – Best of 3, 1 Ref, \$9.50 / \$10.00 / \$10.50 / \$11.00 per match X _____ =					\$
3 4 5 6	SR./MASTERS – Best of 3, 2 Refs, \$9.00 / \$9.50 / \$10.00 / \$10.50 per match X _____ =					\$
TOURNAMENT OFFICIALS ASSIGNOR		\$100/DAY (8 Evaluations or 2 per official) or \$50.00/HALF DAY =				\$
LAYMAN CLINICIAN FEES:		\$75.00 for FULL DAY (maximum) \$50.00 for 3/4 DAY \$25.00 for HALF DAY (minimum)				\$
PROVINCIAL EVENT COORDINATOR:		\$75.00/DAY				\$
OTHER:		ATTACH DOCUMENTATION				\$
SIGNATURE: _____			DATE: _____		TOTAL CLAIM \$ _____	
IF REFEREE, ASSIGNOR'S SIGNATURE: _____					DATE: _____	



SUBMIT EXPENSE REIMBURSEMENT FORM TO:

Sepak Takraw Saskatchewan
 VP-Finance/Administration
 1280 Cameron Street Regina, SK S4T 2T1
 Phone/Fax: 306-584-8778
 Email: info@SepakTakrawSask.ca