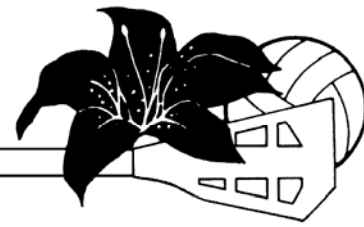


SASKATCHEWAN BROOMBALL ASSOCIATION



2205 Victoria Avenue, Regina, Saskatchewan S4P 0S4
 Phone: (306) 780-9215 * Fax: (306) 525-4009
 Email: saskbroomball@sasktel.net
 Website: www.saskbroomball.ca

NAME	DATE		ADDRESS		
CITY	POSTAL CODE	PHONE	FAX		
VOLUNTEER <input type="checkbox"/> OFFICIAL <input type="checkbox"/> TOC <input type="checkbox"/> CLINICIAN <input type="checkbox"/> STAFF <input type="checkbox"/> EXECUTIVE <input type="checkbox"/>					
PURPOSE OF CLAIM:					
MEALS - VOLUNTEERS, OFFICIALS, TOC, CLINICIAN \$30.00/day in Sask. \$50.00/day outside Sask.	IN	OUT	# OF DAYS	DATES	TOTAL
	Less than 2 hours	\$10.00	\$12.00		\$
	2 – 5 hours	\$10.00	\$16.00		\$
	5 + Hours	\$10.00	\$22.00		\$
	TOTAL				\$
MEALS - STAFF AND EXECUTIVE \$40.00/day in Sask. \$50.00/day outside Sk.	IN	OUT	# OF DAYS	DATES	TOTAL
	BREAK FAST	\$8.00	\$12.00		\$
	LUNCH	\$12.00	\$16.00		\$
	SUPPER	\$20.00	\$22.00		\$
	TOTAL				\$
MILEAGE	_____ KM. X \$0.25/KM. =				\$
ACCOMMODATIONS	_____ # NIGHTS X _____ =				\$
TELEPHONE	ATTACH DOCUMENTATION				\$
OFFICIALS GAME FEES	\$20.00/GAME X _____ =				\$
TOURNAMENT OFFICIALS COORDINATOR	\$100/DAY (8 Evaluations or 2 per official) or \$50.00/HALF DAY =				\$
CLINICIANS FEES	\$50.00-DAY MAXIMUM \$37.50-3/4 DAY \$25.00-HALF DAY \$12.50-1/4 DAY				\$
PROVINCIAL EVENT COORDINATOR	\$75.00/DAY				\$
OTHER -	ATTACH DOCUMENTATION				\$
SIGNATURE: _____ DATE: _____			TOTAL CLAIM \$ _____		