

2017  
PLEASE PRINT  
CLEARLY



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t. 416-426-7216 | e: [aooexpense@athleticsontario.ca](mailto:aooexpense@athleticsontario.ca)  
www.athleticsontario.ca

Method of payment:  
Cheque  or Cash   
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_

TRAVEL EXPENSE CLAIM FORM\*  
TECHNICAL OFFICIAL

Name of traveler: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

City / Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of event (and location): \_\_\_\_\_

Travel dates (M/D/Y) departure: \_\_\_\_\_ return: \_\_\_\_\_

Expense(s):

- |   |             |
|---|-------------|
| 1. Automobile** _____ km @ 0.35/km<br>(for each vehicle***) | 1. \$ _____ |
|---|-------------|

[A] Sub-total: \$ \_\_\_\_\_

Other expense(s) (details)

- |          |             |
|----------|-------------|
| 2. _____ | 2. \$ _____ |
| 3. _____ | 3. \$ _____ |
| 4. _____ | 4. \$ _____ |
| 5. _____ | 5. \$ _____ |

[B] Sub-total: \$ \_\_\_\_\_

[2 to 5]

\* The AO Travel Policy can be found online at the Athletics Ontario website.  
\*\* If carpooling with other Officials, please provide their names below under 'Travel Information/Comments'.  
\*\*\* All mileage claimed will be verified using Map Quest and based on the fastest route available at the time of travel.

Total: \$ \_\_\_\_\_

[A] + [B]

Travel Information/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above Expense Claim was incurred while representing Athletics Ontario.

\_\_\_\_\_  
Meet Director or Officials Coordinator

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

**Note:** Technical Officials Claim Forms submitted after a meet, must be submitted to the AO Office Attn: AOO Treasurer within 30 calendar days from the meet. Expense claims received after this period will no longer be processed.