2019

PLEASE PRINT CLEARLY

Method of payment:
Cheque □ or Cash □

Date: _____
Amount: _____

3701 Danforth Avenue, Scarborough, ON M1N 2G2
t. 416-426-7216 | e: officialsexpense@gmail.com
www.athleticsontario.ca

TRAVEL EXPENSE CLAIM FORM*
TECHNICAL OFFICIAL

Name of traveler:_____Telephone:_____

Home address: _____

City / Town:_____Postal Code: _____

email address (for direct deposit): _____

Name of event (and location): _____

Travel dates (M/D/Y) departure:_____return:_____

Expense(s):

1. Automobile**_____km @ 0.35/km (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]

Total: $ _____
[A] + [B]

* 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 Google Maps and based on the fastest route available at the time of travel.

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.