



EXTRA CURRICULAR STATEMENT OF EXPENSES

KALAMALKA SECONDARY SCHOOL – COACHES

NAME : _____ TELEPHONE: _____

MAILING ADDRESS: _____

ACTIVITY/SPORT EVENT: _____

DATE OF EVENT: _____ DESTINATION: _____

Date	Mileage		Per Diem Meals Only				Other Expenses	
	Personal Vehicle Use @ \$0.25/km		Tick each meal claimed Maximum \$45.00 per day P=meal provided				Receipts must be attached for each item in this column.	
Date	#km	Amount	B \$10	L \$10	D \$15	Amount	Description	Amount
Total (1)			Total (2)				Total (3)	
Claimant's Signature:							TOTAL CLAIM (Sum of 1,2, 3)	
Authorized by:								
Date Submitted:							GL#	