

STAC—Expense Form

PO Box 21008
Saskatoon SK S7H 5N9

Name	
Address	
City/Prov	Postal Code
Phone	Email

DESCRIPTION:

Dates, Location, Race, Course, Clinic, Meeting, etc.

CATEGORY:

<input type="checkbox"/> Administration	<input type="checkbox"/> Capacity/Interaction	<input type="checkbox"/> Participation	<input type="checkbox"/> Excellence	<input type="checkbox"/> Other
<input type="checkbox"/> 1. Salaries/ benefits <input type="checkbox"/> 2. Audit <input type="checkbox"/> 3. Insurance <input type="checkbox"/> 4. Legal <input type="checkbox"/> 5. Office Operations	<input type="checkbox"/> 1. Awards & Recognition <input type="checkbox"/> 2. Hosting <input type="checkbox"/> 3. Marketing (promo, website) <input type="checkbox"/> 4. Meetings <input type="checkbox"/> 5. Planning <input type="checkbox"/> 6. Professional Leadership Development	<input type="checkbox"/> 1. Athlete Development- Competitions <input type="checkbox"/> 2. Athlete Development— Intro/Participation <input type="checkbox"/> 3. Athlete Development— Under represented population <input type="checkbox"/> 4. Coaches Development <input type="checkbox"/> 5. Officials Development	<input type="checkbox"/> 1. Athlete Devel: Athlete Assistance <input type="checkbox"/> 2. Athlete Devel: Competition <input type="checkbox"/> 3. Athlete Devel: Talent ID <input type="checkbox"/> 4. Athlete Devel: Training <input type="checkbox"/> 5. Coaches Development <input type="checkbox"/> 6. Officials Development <input type="checkbox"/> 7. Sport Medicine & Science	

1. Mileage	_____ km	@ \$0.3875 cents per km		\$ _____
2. Meals	_____ Breakfast (s) _____ Lunch (s) _____ Dinner (s)	In Province @ \$8 @ \$14 @ \$19	Out of Province \$11 \$16 \$24	\$ _____
3. Fee Payment	Break down cost according to job description and time _____ Hours @ \$ _____ per hr _____ Hours @ \$ _____ per hr		Description	_____ _____ \$ _____
4. Misc	Please attach receipts and itemize below _____ _____			\$ _____ \$ _____
			Total Expenses	\$ _____

Signature: _____

Date: _____

Authorization of payment _____

Date: _____