



North West High Schools Athletic Association

c/o Carpenter High School, Box 369, Meadow Lake Saskatchewan S9V 1Y3

Curling Officials Expense Reimbursement Form

Name: (Please Print)		
Mailing Address:		
Town:	Province:	Postal Code:
NWHSAA Event:		

TRAVEL EXPENSES

Place Travelled to:	
Date of Travel:	
Vehicle Mileage (Round-Trip distance) _____ km @ 45¢/km	\$
Per Deim - \$15.00 If food service was not provided by the host.	\$
Lodging (Approved in advance) (Attach original receipts)	\$

OFFICIATING

Head Official Yes No		
Matches Officiated	NWHSAA Rate	\$

I hereby certify the above is a correct and true statement and that the expenditures were incurred in service for the North West High Schools Athletic Association.

Total	\$
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Signature:	Date Signed:
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Approved by:	Cheque:
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