



Ontario Taekwondo Association (OTA)

EXPENSE AND HONORARIUM CLAIM FORM

PLEASE PRINT IN BLOCK LETTERS!

**ORIGINAL RECEIPTS
MUST BE ATTACHED
FOR ALL REIMBURSEMENTS**

THIS FORM MUST BE SUBMITTED **WITHIN 30 DAYS** FOLLOWING THE EVENT TO:

Executive Assistant
Ontario Taekwondo Association (OTA)
4560 Hwy 7 East, Suite 500
Markham, ON L3R 1M5

Requester Name: _____ **Tel:** () _____

Mailing address: _____ **City:** _____

E-mail: _____ **Prov:** _____ **Postal Code** _____

EVENT NAME: _____ **EVENT DATE:** _____

A. Transportation	Amount		TOTAL (\$)	Office Use Only			
	1	2		1 + 2	Approved ?	Amount Approved	HST incl
Mileage (as per policy)							
1. From: _____ To: _____ Km: _____							
2. From: _____ To: _____ Km: _____							
Airline Ticket							
TOTAL (A)							

B. Accommodation	Amount		TOTAL (\$)	Office Use Only			
	1	2		1 + 2	Approved ?	Amount Approved	HST incl
Date / Description							
TOTAL (B)							

C. Other	Amount		TOTAL (\$)	Office Use Only			
	1	2		1 + 2	Approved ?	Amount Approved	HST incl
Specify Details							
i)							
ii)							
iii)							
TOTAL (C)							

D. Honorarium:	Full details required		TOTAL (\$)	Office Use Only				
	Duty	Date		Times	Approved ?	%	Amt.	HST incl
TOTAL (D)								

TOTAL = (A) + (B) + (C) + (D) (Office Use Only)	\$	HST included: \$	CHQ #:
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This form must be completed **in full** and must be authorized by the appropriate OTA Representative. PLEASE SUBMIT SEPARATE EXPENSE CLAIM FORMS FOR SEPARATE EVENTS. By signing below, I am requesting the above expense reimbursements and/or honorarium claims. I understand that only expense claims with original receipts will be considered:

Requester's Signature: _____ **Date:** _____

Authorized by (Print Name): _____ **Title:** _____

Authorization Signature: _____ **Date:** _____