



# Taekwondo Ontario

## EXPENSE AND HONORARIUM CLAIM FORM

**PLEASE PRINT IN BLOCK LETTERS!**

<p><b>ORIGINAL RECEIPTS MUST BE ATTACHED FOR ALL REIMBURSEMENTS</b></p>	<p>THIS FORM MUST BE SUBMITTED <b>WITHIN 30 DAYS</b> FOLLOWING THE EVENT TO:</p> <p style="margin-left: 20px;">Taekwondo Ontario 8889 Yonge Street P.O. Box 31057 Richmond Hill, ON L4C 0V3</p>
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**Requester Name:** \_\_\_\_\_ **Tel:** (    ) \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**EVENT NAME:** \_\_\_\_\_ **EVENT DATE:** \_\_\_\_\_

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

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

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

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

<b>TOTAL = (A) + (B) + (C) + (D) (Office Use Only)</b>	<b>\$</b>	<b>HST included: \$</b>	<b>CHQ #:</b>
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This form must be completed **in full** and must be authorized by the appropriate TO 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:** \_\_\_\_\_