GYMNASTICS NOVA SCOTIA

5516 Spring Garden Road, Halifax, NS B3J 1G6

gns@sportnovascotia.ca P: 902.425.5450 ext. 338

CLAIMANT EXPENSE FORM

Click here for important information on currency when submitting your claim.

CLAIMANT'S NAME: _____ **GNS POSITION:** _____

ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS for E-transfer: _____

REASON FOR EXPENSES: _____

DATES OF ACTIVITY: _____ **TO** _____ **NUMBER OF DAYS:** _____

DD-MMM-YY DD-MMM-YY

TRAVEL

Flight:				
Taxi/Uber:				
Train or bus:				
Car Rental:				
• **gas for rental**				
Mileage:		**# of kilometers x**	**$0.550**	
Parking or other:				

CAD _____

MEALS

Please note: if hotel package includes breakfast, please do not claim the allocated $15 for breakfast

Breakfast:		**# of days x**	**$15.00**	
Lunch:		**# of days x**	**$20.00**	
Dinner:		**# of days x**	**$35.00**	

CAD _____

OTHER (Please provide a detailed explanation)

_____ _____

_____ _____

_____ _____

CAD _____

TOTAL EXPENSES INCURRED: CAD _____

ON-SITE REIMBURSEMENTS

_____ _____

_____

Cheque Number: _____ _____

BALANCE PAYABLE: CAD _____

Please collect all receipts and send to Gymnastics Nova Scotia for proof of payment.

Gymnastics Nova Scotia will only use your information for the purpose of processing your claim and will not pass your information to third parties. I certify that I incurred the above expenses on behalf of GNS and that no other organization or individual paid or will pay me a subsidy, contribution or honoraria towards these expenditures.

_____ _____

Claimants Signature **Date**

GNS OFFICE USE

Authorized By	**Program / Committee**	**Date**	**Approved by**

Account #: _____ _____ **Description:** _____

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