



**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: \_\_\_\_\_

REASON FOR EXPENSES: \_\_\_\_\_

DATES OF ACTIVITY: \_\_\_\_\_ TO \_\_\_\_\_ NUMBER OF DAYS: \_\_\_\_\_  
DD-MMM-YY DD-MMM-YY

**TRAVEL**

Air: \_\_\_\_\_  
Taxi: \_\_\_\_\_  
Train: \_\_\_\_\_  
Bus: \_\_\_\_\_  
Car Rental: \_\_\_\_\_  
Mileage:  # of kilometers x \$0.550 \_\_\_\_\_  
Parking: \_\_\_\_\_  
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 #: \_\_\_\_\_ HST: \_\_\_\_\_ Description: \_\_\_\_\_  
Account #: \_\_\_\_\_ HST: \_\_\_\_\_ Description: \_\_\_\_\_  
PST: \_\_\_\_\_  
PST: \_\_\_\_\_