

HCOP INSTRUCTOR EXPENSE FORM

OFFICE USE ONLY	
Acct #	Amt
GST	_____
_____	_____
_____	_____
Batch # _____	

Separate form to be completed for each instructor.

Clinic Location _____ Date _____

Name _____

Address _____

Phone (residence) _____ (business) _____

Instructor Honorarium \$ 80.00

Lunch \$ 10.00

TOTAL \$ _____

ADDITIONAL EXPENSES INCURRED BY INSTRUCTORS

Travel from _____ to _____

_____ km X .40¢ \$ _____

Mileage will be determined by government road map and figures.

RECEIPTS MUST BE ATTACHED IN ORDER TO CLAIM ACCOMMODATIONS AND ADDITIONAL MEALS

Accommodation _____ days at \$ _____ \$ _____

Breakfast \$7.00 \$ _____

Dinner \$18.00 \$ _____

TOTAL \$ _____

Submit the completed form to
 HOCKEY MANITOBA
 200 MAIN ST
 WINNIPEG, MB R3C 4M2
 Fax (204) 925-5761

 Hockey Manitoba Approval