



HOCKEY MANITOBA

VOUCHER FOR EXPENSES

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

NAME: _____

DIVISION: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ EMAIL _____

NOTE: Mileage will be paid at the rate of .40¢/km, return. Meals will be paid as follows: Breakfast \$10.00, Lunch \$15.00 and Dinner \$25.00 (in branch). Hotel will be paid as negotiated by the Branch. Please attach receipts.

EVENT: _____

Mileage from _____ to _____
_____ km X .40¢ \$ _____

Accommodation _____ days at \$ _____ \$ _____
(please attach receipt)

Meals:	Breakfast _____ x \$10.00	= \$ _____	
	Lunch _____ x \$15.00	= \$ _____	
	Dinner _____ x \$25.00	= \$ _____	\$ _____

MISCELLANEOUS EXPENSES

Telephone	Month _____	\$ _____	
Other	_____	\$ _____	
Other	_____	\$ _____	\$ _____

TOTAL \$ _____

SIGNED: _____

APPROVED: _____ DATE: _____