



# FORM 2 – INSTRUCTOR EXPENSE FORM

Separate form to be completed for each clinic

<b>OFFICE USE ONLY</b>	
Acct #	
7555-3	<input type="checkbox"/>
Batch #	_____

Name: \_\_\_\_\_

City : \_\_\_\_\_ Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ or Email: \_\_\_\_\_

Clinic Location: \_\_\_\_\_ Clinic Date: \_\_\_\_\_

Level 1/Level 2       Level 3

Travel from: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_ km X .40¢ = \$ \_\_\_\_\_

*Confirmed mileage will be determined by government road map*

**ACCOMMODATIONS REQUIRE PRE-APPROVAL. RECEIPTS MUST BE ATTACHED TO CLAIM ACCOMMODATIONS AND MEAL EXPENSES.**

- Only Instructors travelling in excess of **200kms one way** may claim a dinner expense.
- Only instructors staying overnight may claim a breakfast expense.
- Hockey Manitoba shall determine final approval for all expenses.

Accommodations \_\_\_\_\_ days at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Meals**

Breakfast	\$10.00	= \$ _____
Lunch	\$15.00	= \$ _____
Dinner	\$25.00	= \$ _____

\$ \_\_\_\_\_

**Fee Schedule**

Level 1/2                      \$ 200.00 (one instructor)

Level 3                        \$90.00 (one instructor)

\$ \_\_\_\_\_

TOTAL                        \$ \_\_\_\_\_

**Submit completed form within 7 days to:**

**CHARLES BERGSTRESSER  
HOCKEY MANITOBA  
145 PACIFIC AVE  
WINNIPEG, MB R3B 2Z6**

Email: cbergstresser@hockeymanitoba.ca

\_\_\_\_\_  
Hockey Manitoba Approval