



FORM 4 – INSTRUCTIONAL STREAM EXPENSE FORM

Separate form to be completed for each clinic

OFFICE USE ONLY
Acct #
7546
Batch #

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

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

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

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

Clinic Type: \_\_\_\_\_

Travel from: \_\_\_\_\_ to: \_\_\_\_\_
\_\_\_\_\_ km X .40¢ = \$ \_\_\_\_\_

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

One Instructor \$ 200.00
Two Instructors \$100.00 (Each)
\$ \_\_\_\_\_

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

Submit completed form within 7 days to:
BONNIE LAWSON
HOCKEY MANITOBA
145 PACIFIC AVE
WINNIPEG, MB R3B 2Z6
Email: blawson@hockeymanitoba.ca

Hockey Manitoba Approval