



FORM 5 – FIELD EVALUATOR EXPENSE FORM

Separate form to be completed for each evaluation

OFFICE USE ONLY	
Acct #	
7551	<input type="checkbox"/>
7552	<input type="checkbox"/>
Batch #	_____

Name: _____

City: _____ Address: _____ Postal Code: _____

Phone: _____ or Email: _____

Name of Coach: _____

Team: _____

Game Location: _____

Game Date: _____

Practice Location: _____

Practice Date: _____

High Performance 1 Development 1

Travel from _____ to _____

_____ km X .40¢ = \$ _____

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

- Only Evaluators travelling in excess of **200kms one way** may claim a dinner expense.
- Only Evaluators 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

High Performance 1	\$200.00
Development 1	\$75.00

\$ _____

TOTAL \$ _____

Submit completed form within 7 days to:

**BONNIE LAWSON
HOCKEY MANITOBA
145 PACIFIC AVE
WINNIPEG, MB R3C 2Z6**

Email: blawson@hockeymanitoba.ca

Hockey Manitoba Approval