



FORM 3 – COACH CLINIC EXPENSE FORM

Separate form to be completed for each clinic

OFFICE USE ONLY	
Acct #	
7550	<input type="checkbox"/>
7546	<input type="checkbox"/>
Batch #	_____

Name: _____

City : _____ Address: _____ Postal Code: _____

Phone: _____ or Email: _____

Clinic Location: _____ Clinic Date: _____

Coach 1/Coach 2 Development 1 Checking

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

Coach 1	\$ 200.00 (one instructor)
Coach 2	
Checking Skills 1	

Development 1 \$250.00/day (one instructor)

\$ _____

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