



FORM 4 – INSTRUCTIONAL STREAM EXPENSE FORM

Separate form to be completed for each clinic

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

Name: _____

City : _____ Address: _____ Postal Code: _____

Phone: _____ or Email: _____

Clinic Location: _____ Clinic Date: _____

Clinic Type: _____

Travel from: _____ to: _____

_____ km X .45¢ = \$ _____

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

- Only Instructors travelling in excess of **200 kms 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 SMITH
HOCKEY MANITOBA
145 PACIFIC AVENUE
WINNIPEG, MB R3B 2Z6**

Email: bsmith@hockeymanitoba.ca

Hockey Manitoba Approval