



HOCKEY MANITOBA

VOUCHER FOR EXPENSES

OFFICE USE ONLY

Customer # _____

Acct #	Amt
_____	_____
_____	_____
_____	_____

Batch # _____

NAME: _____

DIVISION: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Mileage will be paid at the rate of .56¢/km, return. Meals will be paid as follows: Breakfast \$20.00, Lunch \$25.00 and Dinner \$25.00 (in branch). Hotel will be paid as negotiated by the Branch. Please attach receipts.

EVENT: _____

Mileage from _____ to _____
_____ km X .56¢ \$ _____

Accommodation _____ days at \$ _____ \$ _____
(please attach receipt)

Meals:	Breakfast	_____	x \$20.00	= \$ _____	
	Lunch	_____	x \$25.00	= \$ _____	
	Dinner	_____	x \$25.00	= \$ _____	\$ _____

MISCELLANEOUS EXPENSES

Telephone Month _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

\$ _____

TOTAL \$ _____

SIGNED: _____

APPROVED: _____ DATE: _____