



**Travel Expense Reimbursement**

This form is to be used for travel reimbursement for events as a Cruisers Sports delegate.

**Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Event Information:**

Name of Event: \_\_\_\_\_

Date(s) Travelled: \_\_\_\_\_

Date Approval Granted: \_\_\_\_\_

**Description:** Please provide a description of each item such as address, total km., hotel, rental car, etc...and the claim amount in Canadian dollars. If the amount is not in Canadian dollars, please indicate the currency.

ITEM	CLAIM AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

**Total claim amount:** \_\_\_\_\_

**Minus amount of advance issued:** \_\_\_\_\_

**Total reimbursement:** \_\_\_\_\_

