

## FHBC CHEQUE REQUISITION - ATHLETE TRAVEL EXPENSES

Name of athlete: \_\_\_\_\_

FHBC program: \_\_\_\_\_

Please provide details of travel expenses in the space below, and **attach all receipts**.

If travel by car, please indicate no. of kms driven, name of driver, and **names of all passengers**.

Athlete travel is paid at 25 cents per kilometer, but only where the distance travelled **exceeds 75 kms in one direction**.

**Expense claims must be received by August 31** of the year in which the expenses are incurred.

Date	Details of Expense		Office use Acc't No.
<b>Total</b>			

Pay to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<i>For Office use only</i>	
Date	
Cheque no.	
Total	
Approved	