



ONTARIO TABLE TENNIS ASSOCIATION

PO Box 40177-2515 Bank Street
Ottawa, On, K1V 0W8

EXPENSE REPORT FORM

(October 2009)

Name _____ Event _____
Address _____ Function _____
Postal code _____ Dates (s) _____
Tel. _____ Place _____
Email _____

EXPENSES

CLAIM

Travel

Car _____
Mileage 35 cents / kilometre

Other* _____

Hotel* No. of nights _____
Shared with _____

Meals

Arrival Date _____ Time _____
Dep. Date _____ Time _____

___ Breakfast @ \$10 _____
___ Lunch @ \$14 _____
___ Dinner @ \$18 _____

Other* (please specify)

*Receipts Required

Total Claimed: _____
Less Advance: _____
Total Due: _____

Signature _____ Date _____

Approved by _____ Date _____



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