## South Okanagan Minor Hockey Assocation PO Box 122 Osoyoos, BC VOH 1VO

Expense Sneet				
Name:		Phone #	<b>#</b> :	
Mailing Address:		_		
City:		Postal C	Code:	
Purpose of Expense:				
Team/Position on Board:		Date:		
Transportation Ground Transportation (bus,	C SECURIALISM ENGAGE INTEREST OF CONTROL OF	Ferry:total KM x \$.60/km		\$ \$ \$
Hotel:( Receipts required) Please obtain approval from \$190 per night plus taxes pri	-			\$
Meals: (Receipts required )		5 Xdays 5 Xdays 5 Xdays		\$ \$ \$
Other: Please itemize and at			\$ \$	
				\$
			Total:	\$
I hereby certify that this amo were necessarily incurred for		oject.	xpenses	
Signature:		Date:	-	
Authorized:		Date:	Chq#:	