

Submit within 30 days of event or will not be paid out until end of season

Name: _____ Phone: _____
 Address _____ City: _____
 Postal Code: _____ Email for direct deposit: _____
 Event Name: _____ Location: _____
 Event Date(s): _____

* AO Travel Policy: athleticsontario.ca/officials/officials-administration/

* Exceptions may be requested/approved ahead of time by Official's Council Chair

1. Mileage: * _____ km @ 0.45/km using Google Maps based on the shortest non-toll route at time of travel	\$
2. Additional Passenger mileage: - add .05 per km, for each additional passenger	\$
3. Meals (Hotel Residents): - per diems only – no receipts req.	\$
4. Long – Day Dinner (if worked past 6pm): - verified by event chief	\$
6. Parking: - combine as ONE separate attachment if multiple receipts) - send as separate attachment with your name (eg. Reneparkingfeb10.pdf)	\$
7. Other	
TOTAL	

Is this related to an Evaluation? (Y/N)		Evaluator Name:	
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Notes: (Additional expense items and notes may be listed here)

I hereby certify that the above Expense Claim was incurred while representing Athletics Ontario.

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Meet Director or Officials Coordinator / Treasurer

Claimant Signature

Date