



100 MILE & DISTRICT MINOR HOCKEY  
CLINIC AND TRAVEL EXPENSE FORM

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME OF SEMINAR/COURSE/CONFERENCE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF FUNCTION: \_\_\_\_\_ START: \_\_\_\_\_ FINISH: \_\_\_\_\_

TRAVEL:

VEHICLE: \_\_\_\_\_ KILOMETERS X \$0.45 CENTS = \_\_\_\_\_

OTHER: (Taxi, Ferry, etc.) \_\_\_\_\_ = \_\_\_\_\_

ATTACH RECEIPTS

ACCOMMODATION: \_\_\_\_\_ = \_\_\_\_\_

HOTEL/MOTEL-ATTACH RECEIPTS

MEAL ALLOWANCE: \_\_\_\_\_ Days = \_\_\_\_\_

(Breakfast \$10, Lunch \$15, Dinner \$25)

**\*\*If any meals are supplied by the presenters during the seminar  
or conference, the dollar amount applicable shall be deducted  
from the \$50/day\*\***

OTHER: \_\_\_\_\_ = \_\_\_\_\_

ATTACH RECEIPTS

**ADVANCE ONLY** = \_\_\_\_\_

**TOTAL:** = \_\_\_\_\_

LESS ADVANCE = \_\_\_\_\_

**TOTAL PAYABLE:** = \_\_\_\_\_

COACH/MEMBER SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

TREASURER SIGNATURE: \_\_\_\_\_ CHEQUE# \_\_\_\_\_

PRESIDENT  
SIGNATURE (If Required) \_\_\_\_\_