



Saskatchewan Artistic Swimming Expense Claim Form

Name: _____ Position _____
Address: _____ City _____ Postal Code _____

Please reimburse me for the following event/reason: _____
Date of Event: _____

Travel: From (city) _____ To (city) _____
Who Accompanied you: _____

Mileage rate is currently \$.50/km

**** Reminder:** It is Saskatchewan Artistic Swimming's policy to car pool where possible to all events.

Other (taxi, rental, etc - attach receipts) \$ _____ Total Mileage _____

Meals: # _____ Breakfasts @ \$11.00 each for total of \$ _____
_____ Lunches @ \$15.00 each for a total of \$ _____
_____ Suppers @ \$22.00 each for a total of \$ _____
Total # of Meals _____

Accommodation: (attach receipts) _____ nights at a rate of _____ for a total of \$ _____

Other: please describe and attach receipts _____

Remit to: Saskatchewan Artistic Swimming Executive Director, #300-1734 Elphinstone St., Regina, S4T 1K1 or
ed@saskartisticswimming.ca.

For those wishing to donate some or all of your expense reimbursement, please fill out the form below



I would like to make a tax-deductible donation to support Sask Artistic Swimming

Gifts of \$20.00 or more will automatically be receipted.

Charitable Registration #889386868 RR0001

Canadian Council of Provincial & Territorial Sport Federations Inc.

Note: Donations of \$120/year are eligible for a 20% top up through the Sport Legacy Fund Donor Incentive Program

Please transfer the following amount from my expense claim and apply my donation to the category chosen below.

_____ ALL my expense claim amount OR \$ _____ portion of my expense claim
TO (please check one or insert % if more than one)

_____ Athlete Support & Development	_____ Coach Support & Development
_____ Officials Support & Development	_____ General Donations

Signature: _____

NOTE: the amount of your claim, less donation amount, will be reimbursed to you via a cheque within 2 weeks of receipt

Updated March 2023