



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: _____

**** Note :** mileage will be filled in by SAS office using pre-determined distances taken from Google and add kms for days involved where there is travel within city. Mileage rate is currently \$.4066/km

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

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

Meals: # _____ Breakfasts @ \$11.00 each
_____ Lunches @ \$13.00 each OR # _____ of days @ \$43.00 per day
_____ Suppers @ \$19.00 each

Accommodation: (attach receipts) \$ _____

Other: please describe and attach receipts _____

Remit to: Saskatchewan Artistic Swimming Executive Director
#300-1734 Elphinstone Street, Regina, SK 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 insert % amount in box or boxes)

_____ 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