

**SASKATCHEWAN WTF TAEKWONDO ASSOCIATION
EXPENSE CLAIM FORM**

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____ CITY: _____

AGE: _____ RANK: _____ SEX: _____ POSTAL CODE: _____

SCHOOL NAME: _____ LOCATION: _____

TOTAL AMOUNT CLAIMED: \$ _____ DATE: _____

(from reverse side)
APPLICANT'S SIGNATURE: _____

INSTRUCTOR'S SIGNATURE: _____

**PLEASE ATTACH RECEIPTS AND PROVIDE DETAILS
OF CLAIM ON REVERSE SIDE**

ASSOCIATION USE ONLY				
CLAIM APPROVED: Yes _____ No _____		AMOUNT APPROVED: \$ _____		
DIRECTOR'S SIGNATURE: _____		DATE: _____		
_____		DATE: _____		
Breakdown:				
Comments	Funding Program	Acctg Code	Amount	
_____	_____	_____	_____	G.S.T. TOTAL THIS CLAIM \$ _____ . _____
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
CHEQUE ISSUED: date: _____ cheque # _____ CLAIM NUMBER: _____				

DETAILS OF EXPENSES

Administration: _____ Tournament: _____ Equipment: _____ Promotion: _____

Name of Event: _____ Location: _____

Number of participants (attach list): _____ Date: _____

Other (explain): _____

EXPENSES

<u>Detail</u>	<u>Amount</u>
<u>Travel</u>	\$ _____
<u>Meals</u>	\$ _____
<u>Accommodation</u>	\$ _____
<u>Registration</u>	\$ _____
<u>Administration</u>	\$ _____
<u>Other (comment)</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Administration Expenses	
<u>Detail & acctg code</u>	<u>Amount</u>
111 General expenses	\$ _____
112 A. G. M.	\$ _____
113 Meetings	\$ _____
116 Office Equipment	\$ _____
117 Phone	\$ _____
118 Mail	\$ _____
119 Accounting	\$ _____
Other	\$ _____
TOTAL	\$ _____

TOTAL EXPENSE	\$ _____	G.S.T. total this claim:	\$ _____
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Comments or Explanations: _____

Note* Reimbursement will be at the discretion of the Board of Directors.
Any false claims will lead to a suspension of future funding!

The Saskatchewan W.T.F. Taekwondo Association Plan Evaluation Form

The purpose of this form is to help with the evaluation of the spending plans that the Saskatchewan WTF Taekwondo Association has proposed for the fiscal year. The information that you provide on this form will help determine if the spending plans that are used will benefit the intended groups.

The Association would like to know what was the spending plan. How did it benefit the members. Who did benefit, and what age groups, genders, and what target groups. The Association also needs to know what communities were represented. (Community is the resident that the person lives in.)

The Association all needs to know if there was any disappointments or successes with the program.

Spending Block: _____ **Area:** _____

Number of Participants: _____ **Date:** _____
Day Month Year

Purpose:

Plan:

Successes or Disappointments:

(This Form Must Be Completed & Submitted With an Expense Claim or The Expense Claim will be rejected.)

