1870 Lorne St, Regina, SK S4P 2L&
info@divesask.ca
Ph: 780-9405 Fax: 731-2114

Cheque Number

DIVE SASK

EXPENSE CLAIM FORM

Name:_____

Street:_____ City_____ PC_____

Phone:_____ Email:_____

Event:_____ Date:_____ Location:_____

EXPENSE DETAILS (Attach Receipts)

Travel Costs:		
Accommodations:		$_____
Mileage:	_____ kms x $0.45	$_____
Other:		$_____
Meals:		
Breakfast ($10)		$_____
Lunch ($10)		$_____
Supper ($15)		$_____
Full Day ($35)		$_____
Honorariums:		$_____
Other:		$_____
Other:		$_____
	Total Claim	$_____
	Less Legacy Fund Donation	$_____
	TOTAL PAID	$_____

Signature: _____ Date:_____

DIVE SASK LEGACY FUND DONATION

Yes, I would like to support diving in Saskatchewan by donating $_____ to the Dive Sask Legacy Fund. I realize that in keeping with Canada Revenue Agency policy this donation is given without any direct benefits accruing to me and that I will receive an income tax receipt for the entire amount.

Donor's Name: _____

First Name Middle Initial Last Name