

TRIATHLON MANITOBA

OFFICIALS EXPENSE CLAIM FORM

Please remit to:
Triathlon Manitoba
145 Pacific Ave
Winnipeg, Manitoba
R3B 2Z6
triathlon.ed@sportmanitoba.ca

Name: _____

Race: _____

Location: _____ Date: _____

Category	Details	Amount \$
Travel Mileage at .30/km		
Accommodations		
Other Please describe		
TOTAL		\$

Where applicable expenses should be documented with receipts and attached to this Expense Claim Form.

I claim that the above is a correct statement of incurred expenses.

Signature of Official: _____

Please forward cheque to this address: _____