

# Triathlon Manitoba

## Officials Expense Claim Form

Please remit to:

Triathlon Manitoba  
145 Pacific Avenue  
Winnipeg, Manitoba  
R3B 2Z6  
[triathlon.ed@sportmanitoba.ca](mailto:triathlon.ed@sportmanitoba.ca)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Race: \_\_\_\_\_

Category	Details	Total Amount \$
Travel Mileage at .40/km		
Any other preauthorized expense		
<b>Total</b>		\$

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: \_\_\_\_\_