

**SOUTH CENTRAL DISTRICT ATHLETIC ASSOCIATION**

**Reimbursement for Expenses Form**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for requesting reimbursement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Travel from \_\_\_\_\_ to \_\_\_\_\_

Passengers \_\_\_\_\_

Travel Rate \$0.31/km + \$0.05 per passenger.

Maximum \$0.46

**Travel Reimbursement**

\$ \_\_\_\_\_ x \_\_\_\_\_ km = \$ \_\_\_\_\_

Breakfasts \_\_\_\_\_ x \$10 \$ \_\_\_\_\_

Lunches \_\_\_\_\_ x \$15 \$ \_\_\_\_\_

Supper \_\_\_\_\_ x \$20 \$ \_\_\_\_\_

Other costs (attach receipts):

\_\_\_\_\_ \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send to: SCDA Atn: Karla Silbernagel  
c/o Mankota School Box 300  
Mankota, SK S0H 2W0