



Boxing BC Association Expense Claim Form

Date _____

Name _____

Address _____

Event _____

Date	Item	Description	Qty	Each	Total
	Mileage (\$0.35/ km)				
	Meals (\$35/ day)				
	Accomodation (\$75/ day)				
	Transportation				
	Other				
		Total			

Signature: _____

Date _____

For Office Use Only

Verified by: _____ Date _____

Approved by: _____ Date _____

Cheque No. _____ Date _____

See Boxing BC Policy for further details