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Cheque Number

DIVE SASK

EXPENSE CLAIM FORM

Name: _____

Street: _____ City _____ PC _____

Phone: _____ Email: _____

Event: _____ Date: _____ Location: _____

<u>EXPENSE DETAILS (Attach Receipts)</u>	
Travel Costs:	
Accommodations:	\$ _____
Mileage: _____ kms x \$0.45	\$ _____
Airfare or Other:	\$ _____
Meals:	
Breakfast (\$12)	\$ _____
Lunch (\$15)	\$ _____
Supper (\$28)	\$ _____
Full Day (\$55)	\$ _____
Honorariums:	\$ _____
Other:	\$ _____
Other:	\$ _____
Total Claim	\$ _____
Less Legacy Fund Donation	\$ _____
TOTAL PAID	\$ _____
Signature: _____	Date: _____

Revised Jan 2021

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