



**UISA OFFICIALS EXPENSE
CLAIM FORM**

MUST BE SUBMITTED WITH MATCH REPORTS
one expense form per day

Name _____ Tel: () _____ - _____

Address _____

City _____ Postal Code _____

Date	Teams	Location	Ref /AR	Amount

**Assistant referee fee ¹/₂ of referee game fee
Game fees on mileage chart**

**Sub Total "A" \$ _____
(add below)**

General Expenses

Own vehicle TRAVEL (return Km) Description _____
(from where to where)

Mileage: _____ @ \$0.36/km (see chart for max. claim amounts) = \$ _____

Ferry / Parking / Meal (if applicable) (Please attach receipts of item(s) claimed) = \$ _____

Sub Total "B" \$ _____

Sub Total "A" \$ _____

TOTAL \$ _____

**Signature of
Claimant: _____**

Print name (cheque payable to)

Date: ___ / ___ / ___

Approval _____
UISA Executive

Print Name

Date: ___ / ___ / ___