



NORTH OKANAGAN MINOR LACROSSE ASSOCIATION

BOX 20046, VERNON SQUARE, VERNON BC V1T 9L4

WWW.NOMLA.CA NOMLA.INFO@GMAIL.COM

Please attach all relevant ORIGINAL receipts BEHIND this Expense Reimbursement and MAIL to the P.O. Box 20046, Vernon Sq. Vernon, BC V1T 9L4, within 14 days of incurring expense.

Please issue payment to:

Date: _____

Name

Address

(your signature)

City

Postal Code

(signature of NOMLA Executive)

Approved by

Meeting/Clinic Expenses:

For the * _____ held on _____, 20 _____:

*Please state the type of meeting or clinic i.e., Executive, Minor, Senior, Field, BCLCA, BCLOA, etc.

Accommodation: (Maximum \$100.00/night – receipts must be provided) \$ _____

Meals: (Maximum to \$40.00/day – receipts must be provided) \$ _____

Clinician Fee: \$ _____

Other: (Please list)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

General Expenses:

Long distance \$ _____

Office supplies \$ _____

Other expenses (Please list on reverse): \$ _____

TOTAL EXPENSES \$ _____

Less Advance \$ _____

TOTAL EXPENSE REIMBURSEMENT REQUESTED \$ _____