



**New Brunswick Curling Association /
Association de Curling du Nouveau-Brunswick**

EXPENSE CLAIM / RELEVÉ DE DÉPENSES

Name/Nom: _____

Mailing Address / Adresse postale : _____

Reason/Raison : _____

DATE	EXPENSE / DÉPENSE	AMOUNT / MONTANT
	KMS x \$ 0.40=	
	TOTAL:	

SIGNED / SIGNÉ _____

**APPROVED FOR PAYMENT /
PAIEMENT APPROUVÉ:**

Executive Director /Directeur général

Treasurer/Trésorier

DATE SUBMITTED /
DATE SOUMIS: _____

CHEQUE NO: _____

ACCOUNT CHARGED /
PORTER AU COMPTE DE: _____

NOTE: PLEASE ATTACH RECEIPTS / S.V.P. INCLURE LES RECUS

Meals:

Breakfast (12am-12pm)	\$7.00
Lunch (12pm-6pm)	\$9.50
Dinner (6pm-12pm)	\$17.50
Total Daily Allowance:	\$34.00

Repas :

Petit déjeuner (minuit — midi)	\$7.00
Déjeuner (midi — 18 h)	\$9.50
Dîner (18 h – minuit)	\$17.50
Indemnité quotidienne totale :	\$34.00

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