

# SEPAK TAKRAW OFFICIALS DEVELOPMENT PROGRAM, Appendix 2

## Expense Reimbursement Form

NAME		ADDRESS		DATE	
CITY/PROV.		CODE	PHONE		FAX
EMAIL ADDRESS					
VOLUNTEER _____ OFFICIAL _____ TOC _____ CLINICIAN _____ STAFF _____ EXECUTIVE _____ PLAYER _____					
<b>EVENT NAME(S) / PURPOSE OF CLAIM:</b>					
<b>MEALS: VOLUNTEERS, TOC, OFFICIALS, CLINICIAN</b>					
	IN PROVINCE	OUT OF PROVINCE	# OF DAYS	DATES	TOTAL
BREAKFAST	\$7.00	\$8.00			\$
LUNCH	\$7.00	\$8.00			\$
SUPPER	\$7.00	\$8.00			\$
	(\$21.00/day)	(\$24.00/day)		<b>TOTAL</b>	\$
<b>MEALS: STAFF / EXECUTIVE</b>					
	IN PROVINCE	OUT OF PROVINCE	# OF DAYS	DATES	TOTAL
BREAKFAST	\$9.00	\$10.00			\$
LUNCH	\$9.00	\$10.00			\$
SUPPER	\$9.00	\$10.00			\$
	(\$27.00/day)	(\$30.00/day)		<b>TOTAL</b>	\$
<b>TRAVEL – MILEAGE:</b>	KM. X \$0.25/KM = _____		<b>PARKING:</b>	OTHER ( ): _____	
<b>ACCOMMODATIONS:</b>	# NIGHTS X _____ = _____				
<b>TELEPHONE:</b>	ATTACH DOCUMENTATION				\$
<b>OFF. LEVEL (circle):</b>	<b>OFFICIATING MATCHES FEES:</b>				
2 3 4 5 6	CHILDREN, 1 Ref, <b>\$5.00 / \$6.00</b> per match X _____ =				\$
2 3 4 5 6	YOUTH – Modified, 1 Official, <b>\$6.00 / \$6.50 / \$7.00 / \$7.50 / \$8.00</b> per match X _____ =				\$
2 3 4 5 6	YOUTH – Best of 3, 1 Official, <b>\$7.00 / \$7.50 / \$8.00 / \$8.50 / \$9.00</b> per match X _____ =				\$
2 3 4 5 6	YOUTH – Best of 3, 2 Officials, <b>\$6.50 / \$7.00 / \$7.50 / \$8.00 / \$8.50</b> per match X _____ =				\$
3 4 5 6	JUNIOR – Best of 3, 1 Official, <b>\$8.50 / \$9.00 / \$9.50 / \$10.00</b> per match X _____ =				\$
3 4 5 6	JUNIOR – Best of 3, 2 Officials, <b>\$8.00 / \$8.50 / \$9.00 / \$9.50</b> per match X _____ =				\$
3 4 5 6	SR./MASTERS – Best of 3, 1 Official, <b>\$9.50 / \$10.00 / \$10.50 / \$11.00</b> per match X _____ =				\$
3 4 5 6	SR./MASTERS – Best of 3, 2 Officials, <b>\$9.00 / \$9.50 / \$10.00 / \$10.50</b> per match X _____ =				\$
<b>TOURNAMENT OFFICIALS ASSIGNOR</b>	\$50.00/HALF DAY or \$100/DAY (8 Evaluations or 2 per official)				\$
<b>LAYMAN / PROV. COACH CLINICIAN FEES:</b>	\$24.00 / \$45.00 PER HOUR (minimum) \$60.00 / \$117.00 for HALF DAY \$102.00 / \$195.00 for FULL DAY (maximum)				\$
<b>PROVINCIAL EVENT COORDINATOR:</b>	\$75.00/DAY				\$
<b>OFFICIAL GAME DEMO.</b>	\$10.00/PLAYER per match X _____ =				\$
<b>OTHER:</b>	ATTACH DOCUMENTATION				\$
SIGNATURE: _____			DATE: _____		TOTAL CLAIM \$ _____
IF OFFICIAL, ASSIGNOR'S SIGNATURE: _____				DATE: _____	

**SUBMIT EXPENSE REIMBURSEMENT FORM TO:**

The local Sepak Takraw Club/PSGB Office



**If no Local office is present, then to:**

Sepak Takraw Association of Canada (STAC)  
 PO Box 24101, RPO Broad St  
 Regina, SK S4T 2T1  
 Phone/Fax: 306-584-8778  
 Email: STAC@SepakTakraw.ca