

Enriched Funding Claim Form

| | |
|---|--|
| Athlete's Name (First and Last): | |
|---|--|

| | |
|--------------------------|--|
| Name of Event(s): | |
|--------------------------|--|

Claims

| | DOLLAR AMOUNT | CURRENCY |
|--|---------------|----------|
| Air travel | \$ | |
| Vehicle rentals/taxis | \$ | |
| Mileage (25 cents/km, no receipts req'd) | \$ | |
| Hotels | \$ | |
| Entry fees | \$ | |
| Training/Site fees | \$ | |
| Coaching fees | \$ | |
| Other | \$ | |
| Per Diems (\$36.00/day) | \$ | |
| Total Expense Claimed in Canadian Dollars | \$ | |
| Total Expenses Claimed in US Dollars | \$ | |
| US Exchange Rate | | |
| Total | \$ | |

Please send reimbursement in CAD USD funds.

| | |
|---------------------------|--|
| Athlete Signature: | |
|---------------------------|--|

| | |
|--------------------------|--|
| Parent Signature: | |
|--------------------------|--|

Please attach original supporting receipts to this form and send to the national office.