



Triathlon
ONTARIO



OFFICIAL'S EXPENSE REPORT

Name:

TriOnt#:

Address:

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Race Name:

Date of Race:

Type of Expense	Amount
Allowance (head \$85, secondary \$50):	\$
Gas (kilometers traveled): _____ x \$0.30 = Note:	\$
Moto Mileage (only while officiating):	\$
Accommodations (Requires prior approval from ED. <u>Attach applicable receipts with this form</u>):	\$
Per Diem (\$25, Requires prior approval) :	\$
Other (Please Specify):	\$

TOTAL: \$_____

NOTES:

Note: If Accommodation is claimed a receipt must accompany this application within 7 days. Only pre-approved accommodation will be reimbursed.

E-mail expense reports **within seven (7) days** of event to:

2-2015 Pan Am Blvd

Milton, ON, L9E 0K7

technical@triathlonontario.com