



BOWLS BC - TRAVEL EXPENSE FORM

TRAVEL DATE	
DATE CLAIM SUBMITTED	

PURPOSE OF TRAVEL	
AGM	NAME OF CLUB -
SAGM	NAME OF CLUB -
MEETING	SPECIFY -
JR/U25	SPECIFY -
OTHER	SPECIFY -

CLAIMANT/PAYEE INFORMATION	
NAME:	
EMAIL ADDRESS	
PHONE NUMBER ()	
MAILING ADDRESS	
APT#	HOUSE#
STREET:	CITY:
PROVINCE:	POSTAL CODE:
SPECIAL INSTRUCTIONS:	

MILAGE CLAIM	
TOTAL KM TRAVELLED:	@ \$.75 per km = \$
FERRY:	\$
OTHER:	\$
OTHER:	\$
OTHER:	\$
TOTAL CLAIM	\$

***PLEASE SUBMIT CLAIMS TO: Lynn DeLaBarre @**
treasurer@bowlsbc.com

OR MAIL to 5-1291 Foster Street White Rock BC V4B 3X2