

# Lloydminster Competitive Softball Association

In order for the LCSA/Teams to properly process payment, the following must be completed in full. Thank you!

Name			
Address			
Claim <small>[select one]</small>	Association Claim [ ]	Team Claim [ ]	
Event Location			
Event Dates	____/____/____	to	____/____/____

**\*All Receipts Must Accompany Expense Sheet To Receive Payment\***

GAS		MEALS		ACCOMODATIONS		MISCELLANEOUS		
Date:	Amount:	Date:	Amount:	Date(s)	Amount / Night	Date:	What	Amount:
__/__/__	\$	__/__/__	\$	__/__/__	\$	__/__/__		\$
__/__/__	\$	__/__/__	\$			__/__/__	\$	
__/__/__	\$	__/__/__	\$			__/__/__	\$	
__/__/__	\$	__/__/__	\$	to		__/__/__	\$	
__/__/__	\$	__/__/__	\$	__/__/__		__/__/__	\$	
__/__/__	\$	__/__/__	\$			__/__/__	\$	
__/__/__	\$	__/__/__	\$			__/__/__	\$	
Sub Total	\$	Sub Total	\$	Sub Total		\$	Sub Total	

Total Amount Claimed	\$
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Meal Allowance:

(Applies Only To Meals Away From Home)

Breakfast:	\$ 8.00
Lunch:	\$ 11.00
Dinner:	\$ 16.00

**FOR OFFICE USE ONLY**

Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Cheque#: \_\_\_\_\_