



EXPENSE CLAIM FORM: COACHING COURSEs, CLINICS and WORKSHOPS

NAME: \_\_\_\_\_ PERIOD OF CLAIM: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
 POSTAL CODE: \_\_\_\_\_ Email (for eTransfer) \_\_\_\_\_  
 AA Membership #: \_\_\_\_\_ NCCP #: \_\_\_\_\_

**Please check all that apply**

--- COURSE ---	COST	TOTAL
<input type="checkbox"/> Level 1: Instructor for Beginners Coaching Certification (Must complete; Workshop, Evaluation & Portfolio)		
<input type="checkbox"/> Level 2: Instructor for Intermediate Coaching Certification (Must complete; Workshop, Evaluation & Portfolio)		
<input type="checkbox"/> Competition Development (must submit all receipts of purchase and claims)		
<input type="checkbox"/> Safe Sport Course: _____		
<input type="checkbox"/> Core Training for Learning Facilitators / Core Training for Coach Evaluators		
<input type="checkbox"/> Clinic Courses (Please Specify): _____		
<input type="checkbox"/> Other (Please Specify): _____		
	<b>TOTAL:</b>	

Please submit a copy of your **NCCP** transcript showing course completion, along with claim for complete reimbursement of courses completed. Please note a reimbursement will only be processed once all documentation has been provided and shows fully completion of each course or program.

Prepared by: \_\_\_\_\_  
*(Print name)* *(Signature)*

OFFICE USE ONLY:

Cheque #: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Issued by: \_\_\_\_\_ Date: \_\_\_\_\_