EXPENSE CLAIM FORM: COACHING COURSEs, CLINICS and WORKSHOPS

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| --- | --- | --- | --- |
| NAME: |  | PERIOD OF CLAIM: |  |
| ADDRESS: |  | CITY: |  |
| POSTAL CODE: |  | Email (*for eTransfer*) |  |
| AA Membership #: |  | NCCP #: |  |

***Please check all that apply***

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| **--- COURSE ---** | **COST** | **TOTAL** |
| ⧠ Instructor for Beginners/ Intermediate Coaching Certification(Must complete; Workshop, Evaluation & Portfolio) |  |  |
| ⧠ Competition Development | (must submit all receipts) |  |  |
| ⧠ Safe Sport Course | Respect in Sport | MED (Making Eth. Decs.) |  |  |
| ⧠ Core Training: LF | CE | MCD Courses (Circle Course) |  |  |
| ⧠ NCCP Courses (Please Specify): |  |  |
| ⧠ Other (Please Specify): |  |  |
| ⧠ Travel Claim ($0.40/km) | [odm start/end]  | Km’s =  |  |
| ⧠ Meals Claim ($50/day) | Hotel accom (reasonable)  |  |  |
|  | **TOTAL**: |  |

Please submit a copy of your **NCCP** transcript showing course completion, along with a 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.

|  |  |  |
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| Prepared by: |  |  |
|  | *(Print name)* | *(Signature)* |

OFFICE USE ONLY:

|  |  |  |  |
| --- | --- | --- | --- |
| Cheque #: |  | Account #: |  |
| Issued by: |  | Date: |  |