

Courtice FC Volunteer Expense Claim Form

Name: _____

Phone: _____

Date: _____

Address: _____



Identify the claim(s) you are making

| | Cost | Amount Claimed |
|---------------------|------|----------------|
| Youth Coach Clinic | | |
| Child Coach Clinic | | |
| Police Record Check | | |

NOTE: The coach clinics will be reimbursed at 50% and the police record check at 100%. Be sure to attach a copy of the receipts

| | | |
|--------------------|----|---|
| TOTAL CLAIM | \$ | - |
|--------------------|----|---|