

REQUISITION FOR PAYMENT FORM
BRITISH COLUMBIA SPECIAL OLYMPICS,
VANCOUVER

Today's Date or Date this Claim being Submitted _____

Program: _____ Category: _____

Pay to: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

Person Making Claim (Signature) _____

PLEASE LIST ALL DETAILS BELOW AND ATTACHED ALL RECEIPTS

RECEIPT DATE	ITEMS	GST	AMOUNT (incl PST, no GST)
	SUB-TOTAL:		
	GRAND TOTAL (including GST):		

Approved by: _____ Date: _____

Signature: _____

Revised March 2014

If possible, please provide details on the reverse side for historical data/record keeping purposes.

DETAILS

NAME OF EVENT _____

PROGRAM/CATEGORY OF PROGRAM _____

DATE OF EVENT _____

LOCATION _____

COACHES (name/s) _____

ATHLETES (name/s) _____

COMMENTS _____

Please attach receipt/s. Forward to your Head Coach or Coach Coordinator (as applicable) for one up approval. Upon their approval, the Coach or Coach Coordinator will forward to the Treasurer for reimbursement.

**S.O.B.C. Vancouver,
 c/o Kate Wong
 2415 - 610 Granville Street
 Vancouver, BC V6C3T3**

Via email (scan receipts): Kate.W@sobcvancouver.org