



HCOP Instructor Expense Form

Separate form to be completed for each instructor

Clinic Location _____ Clinic Level _____ Date _____

Name _____

Address _____

Phone (r) _____ (b) _____ (c) _____

Instructor Honorarium

- Honorarium (2 or more instructors) - \$90.00
- Honorarium (1 instructor) - \$155.00
- Honorarium (Level III Sr) - \$75.00

\$ _____

Lunch Honorarium

\$ 10.00

TOTAL

\$ _____

ADDITIONAL EXPENSES INCURRED BY INSTRUCTORS

Travel from _____ to _____

_____ Km X .40¢ \$ _____

Mileage will be determined by government road map and figures.

Accommodation _____ days at \$ _____ \$ _____

Breakfast \$7.00 \$ _____

Dinner \$18.00

Breakfast and Dinner Honorariums will only be paid with overnight travel

RECEIPTS MUST BE ATTACHED IN ORDER TO CLAIM ACCOMMODATIONS AND ADDITIONAL MEALS

TOTAL \$ _____

Submit the completed form to
HOCKEY MANITOBA
145 PACIFIC AVENUE
WINNIPEG, MB R3B 2Z6
Fax (204) 925-5761

Hockey Manitoba Approval