



# 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

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Hockey Manitoba Approval