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| **Name:** |  |  | **Month/Year:** |  |

**Coaching Fees:** Insert date and amount for all coaching days: (Rate $30/day, $50/day on meet days)

|  |  |  |  |  |  |  |  |
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| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | **Weekly Total** |
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|  |  |  |  |  |  |  |  |  Coach Fee Monthly Total:  | $ |

**Expense Reimbursement:**

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Expense (Event/Supplier)** | **Expense Type** | **Invoice Amount** | **GST** | **Invoice Total** |
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|  |  Total Expense Reimbursement Request:  | **$** |

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Signature Date

(Please staple receipts to this form and forward all receipts to the Edmonton Columbians Treasurer)