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The Odyssey Fund - A Legacy to Saskatchewan Gymnastics Excellence

EXPENSE/DONATION FORM 2018-2019

EXPENSES INCURRED WHILE ATTENDING:

Name of Event: _____

Dates of Event: _____

Location of Event: _____

I hereby certify the expenses in this form were incurred on Gym Sask business.

SUBMITTED BY (please print)

Cheque Payable Name: _____

Address: _____

City: _____

Postal Code: _____

Date Submitted: _____

Signature

TRAVEL COSTS

Kms @ 44 cents/km \$ _____

Other _____ \$ _____

ACCOMMODATION COSTS (attach receipts)

Nights @ \$ _____ per night \$ _____

MEALS

Breakfasts @ \$11.00 each \$ _____

Lunches @ \$17.00 each \$ _____

Suppers @ \$27.00 each \$ _____

Max \$55.00 per day \$ _____

CLINICIAN/OTHER HONORARIA

Hours @ \$ _____ per hour \$ _____

Other _____ \$ _____

OTHER EXPENSES (attach receipts)

_____ \$ _____

TOTAL CLAIM \$ _____

YES, I want to support gymnastics in Saskatchewan by donating \$ _____ of these expenses \$ _____ to the Odyssey Fund.

NET CLAIM \$ _____

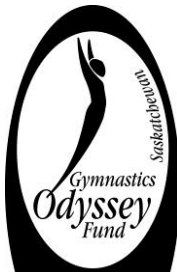
You can make these gifts to the Odyssey Fund as often as you like. You will feel good about financially supporting gymnastics. At the end of the year you will receive an income tax receipt for the total amount donated. To make a donation, please complete the form below.

DONATION INFORMATION REQUIRED

I would like to direct my donation to: (check one)

EDUCATION FUND
(Coaches/Judges)

CHAMPIONS FUND
(Athletes)



Donor's Name: _____

first name _____ initial _____ last name _____

As consistent with Revenue Canada guidelines, I realize that this donation is made voluntarily without any conditions and no benefits will accrue to me.

Signature Required _____ date _____

By contributing to the Odyssey Fund, you can help ensure that others can share some of the wonderful experiences of being involved in gymnastics.

For office use only:
Approved by: _____
Cheque #: _____