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The Odyssey Fund - A Legacy to Saskatchewan Gymnastics Excellence

EXPENSE/DONATION FORM 2023-2024

FILL IN GREEN HIGHLIGHTED BOXES

EXPENSES INCURRED WHILE ATTENDING:			TRAVEL COSTS		
Name of Event:			Kms @ .53	cents/km	\$
Dates of Event:			OTHER EXPENSES (gas/baggae) (receipts must be included)		
Location of Event:					\$
			ACCOMMODATIO	ON COSTS (attach rec	eipts)
I hereby certify the expenses in this form we	re incurred on Gym Sask business.		Nights @	per night	\$
SUBMITTED BY	PLEASE T	YPE OUT			
Cheque Payable Name:			MEALS		
Address:			Breakfast	s @ \$11.00 each	\$
			Lunches @	\$20.00 each	\$
City/Prov:		Suppers @ \$30.00 each		\$	
Postal Code:			Max \$61.00 per day		\$
Date Submitted:					
Signature			CLINICIAN/OTH	IER HONORARIA	
			Hours @	per hour	\$
You can make these gi	ifts to the Odyssey Fund as often a	ıs you like.	OTHER EXPENSE	S (receipts must be in	cluded)
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	n below.			
DONATION INFORMATION REQUIRED			TOTAL O	CLAIM	\$
I would like to direct my donation to: (check one)		YES, I want to support	gymnastics in Saskatchewan	
			by donating a p	ortion of my expenses	\$
EDUCATION FUND					(amount of donation)
(Coaches/Judges) Coach/Judge Fund			NET CLAIM (only	if you donate above)	\$
_	_	Saskat			
CHAMPIONS FUND		Gymnastics	D		b.t.
(Athletes) Athlete	es fund	Gayssey Fund	•	ng to the Odyssey Fund, rs can share some of the	
Donor's Name:				of being involved in gymn	
first name	initial	last name			
As consistent with Revenue Canada guidelines, I realize that this donation is made				For office use on	ly:
voluntarily without any conditions and no benefits will accrue to me.				Approved by:	_
Signature Required	<u> </u>	date	1	Cheque #:	
Signature Regulieu		Jule			