

COMMISSAIRE EXPENSE FORM
(to be submitted to the Event Organizer)



COMMISSAIRE EXPENSE CLAIM FORM

COMMISSAIRE DETAILS	
Commissaire Name	
Address	
City, Prov, Postal	
Phone	
Email	
EVENT DETAILS	
Date of Event	
Name of Event	
Discipline – Rd/Tk/CX/XC/DH/4X/BMX	
Dates Worked (days)	
HEAD COMMISSAIRE STANDARD RATES	
5010 Commissaire Fees \$135/day x # days	\$135 x _____ days = \$ _____
ASSISTANT COMMISSAIRE STD RATES	
5010 Commissaire Fees \$110/day x # days	\$110 x _____ days = \$ _____
TIMING TECHNICIAN STANDARD RATES	
5010 Commissaire Fees \$110/day x # days	\$110 x _____ days = \$ _____
TRAVEL EXPENSES 5050 Travel: Officials	
MILEAGE: \$15 if <100km; if >100km then 37c/km	\$0.37/km x _____ kms = \$ _____ OR \$15
BC FERRIES: round trip expenses	\$ _____
Parking or Taxi	\$ _____
Other Travel	\$ _____
GRAND TOTAL	\$ _____