



The Bermuda Olympic Association

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ATHLETE EXPENSE FORM

NAME OF ATHLETE: _____

NSGB: _____

SPORTING EVENT: _____ DATES: _____

AIR FARE: (Lowest Economy Fare) \$ _____

ACCOMMODATION: (Maximum \$150.00 per night) \$ _____

PER DIEM: (\$40 per day) \$ _____

TOTAL: \$ _____

EXPENSE FORMS MUST BE ACCOMPANIED WITH ALL RECEIPTS AND RESULTS. ENSURE ALL CLAIMS ARE CONCISE AND IDENTIFIABLE. ** RECEIPTS FROM CREDIT CARD STATEMENTS WILL NOT BE ACCEPTED **

*ELITE ATHLETE FUNDING shall be submitted promptly on a monthly basis. Claims to be received in the BOA office by the last Thursday of each month.

*PER DIEMS – Up to two days prior and one day after the event schedule.

If claiming for more than one sporting event a separate form is required.

Signature of Athlete: _____ Date: _____

Signature of Authorised Federation Representative and Title: _____