



C.E.S.S. Reimbursement Form

Please fill out this form completely.

Email it to **Sue Kluska** at sue@deltachristianschool.com

Send receipts to: Sue Kluska
CESS Treasurer
c/o Delta Christian School
4789 - 53rd Street
Delta, BC V4K 2Y9

C.E.S.S. Representative: _____

Name of Host School(s): _____

Name & Date of Tournament: _____

Number of Teams Registered in the Fall - according to the reg. form (line 1) _____

cost per team (line 2) _____

line 1 x line 2 = amount paid to CESS (line 3) _____

fees collected from any teams that registered late (line 4) _____

line 3 + line 4 = total registration fees (line 5) _____

line 5 x .90 (line 6) _____

less fees collected from any teams that registered late (line 4) _____

line 6 - line 4 = total allowable for reimbursement (line 7) _____

Total Requested: _____ (must be less than or equal to line 7)

Please indicate how you'd like to receive the reimbursement:

e-transfer Email address to send the e-transfer: _____

cheque Cheque made out to: _____

Cheque sent to (full address including postal code):

- If a tournament is co-hosted by more than 1 school, only 1 form should be submitted (track and field events are an exception)
- Please attach receipts for all expenses
- Please remember to collect fees at the tournament from any teams not preregistered and subtract that amount from your reimbursement request
- Email: sue@deltachristianschool.com with any questions or concerns

Additional notes: _____
