



## CESS Reimbursement Form

Please fill out this form completely.

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

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

CESS 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) \_\_\_\_\_

amount for paid referee(s) or TOC (if teacher used as referee) (line 7) \_\_\_\_\_

line 6 - line 4 + line 7 = total allowable for reimbursement (line 8) \_\_\_\_\_

Total Amount Requested: \$\_\_\_\_\_ (must be less than or equal to line 8)

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: \_\_\_\_\_

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