SUTD Student Organisation Coach Claim Form

This form should be submitted no later than the 15th of the following month.

		(<u>C</u> oach <u>C</u> laim Form, financial year 2017)	(club number)	(claim count)
Α.	Claim Reference No.:	CC17 –		0001
В.	Student Organisation:		Ice Hockey	
C.	Name of Coach: (as per NRIC)		John Doe	
D.	Name of Coach: (as per bank account, if diffe	rent	John Doe	
	from above)		OSLCOACH 001/17	/_F01
E.	Contract Reference No.:	-	O31COACH 001/17-E01	
F.	Training Month:		Jun 2017	

G. Training Schedule:

Session Date	Description	Rate/Hr	No. of Hrs	Amount (S\$)
7 Jun	Ice Hockey Training	\$60	1.5	90
14 Jun	Ice Hockey Training	\$60	1.5	90
21 Jun	Ice Hockey Training	\$60	1.5	90
28 Jun	Ice Hockey Training	\$60	1.5	90
		Total Amount (S\$)		360

H. Requested By Coach:

	Be.	(handwritten signature)
	Signature	
Name:	John Doe	
Date:	30 Jun 2017	

Office of Student Life May 2017

I. Approved By Club Treasurer:

Note: Approval to be sought from Treasurer. If Treasurer is absent, approval should be sought from the President.

Fund Source: OSL Seed Fund Income/Donation * please indicate

(handwritten signature)

Signature

Name: Omari Iniko

Student ID: 1002334

Designation: Treasurer

Date: 1 Jul 2017