

SUTD Student Organisation Coach Claim Form

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

(claim count)

CC17 – 099 – 0001

Ice Hockey

John Doe

John Doe

OSLCOACH 001/17-E01

Jun 2017

G. Training Schedule:

Session Date	Description	Rate/Hr	No. of Hrs	Amount (\$\$)
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 (\$\$)			360

H. Requested By Coach:

(handwritten signature)

Signature

John Doe

30 Jun 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**
