

Cost in excess of \$ 300 total (round trip) or travel by Air must be <u>pre-approved</u>. Requests to be submitted to: sail@cork.org – please submit as soon as you become aware of expenses.

Volunteer Name:				
Address:		City:		
Province: Postal Code/ZIP Code:	Cour	Country:		
Phone: E-mail:				
Details: Distance Travelled by vehicle: km (total)	Reimbursement Requested: §			
Other method of travel (specify):	\$			
Other Expenses (specify):	\$			
Notes re Pre-Approval Request:	TOTAL \$			
 Date Submitted	Signature of Volunteer			
For Office Use Only.				
Assigned Event(s):				
Assigned Volunteer Position(s):				
Dates (YYYY-MM-DD); from:	to:			
Review and Approval Process:		Initial:	Date:	
General Manager Recommendation				
Planning Group Co-Chair Recommendation				
Executive Committee Member Approval				
Executive Committee Member Approval				
Notification of Volunteer by General Manager				