



Government of the Republic of Trinidad & Tobago

MINISTRY OF SPORT

ELITE ATHLETE ASSISTANCE PROGRAMME

QUARTERLY FINANCIAL STATEMENT

Period from _____ to _____.
mm/yyyy mm/yyyy

- o Please refer to the annual Detailed budget showing forecasted expenses submitted upon registration
- o Statements without valid signatures of all parties will not be accepted
- o An accurate account of all financial transactions should be documented in the tables below
- o All supporting bills are to be attached to this form

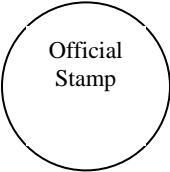
Description of Expenditure	Direct beneficiary	Expenditure	Remarks
Coaching costs, transport, competition costs	Athlete, coach....	1US\$ =	
Please Circle : QUARTER 1..... 2..... 3.....4			
Coaching Costs			
Transportation (Internal)			
Transportation (Airfare)			
Accommodation for Competition			
Competition Costs			
Physiotherapy			
Other Specialists Costs (Identify)			
Travel expenses for sanctioned competition			
Medical Doctor			
Accommodation for Training			
Nutritional Supplies			
Medical Supplies			
TOTAL			

I, the undersigned ATHLETE, acknowledge that the Government of Trinidad and Tobago has distributed the monthly funds of the Elite Athlete Programme for the months noted above.

(Name and Signature) (Date)

I, the undersigned, on behalf of the Trinidad and Tobago Olympic Committee hereby certify that the information provided in this report is a true and honest representation of the use of the grant under the Elite Athlete Programme for the athlete concerned and takes full responsibility for the financial accuracy of this statement.

(Name, Function and Signature) (Date)



I, the undersigned, on behalf of the (Parent Association) _____ hereby certify that the information provided in this report is a true and honest representation of the use of the grant under the Government's Elite Athlete Programme for the athlete concerned.

(Name, Function and Signature) (Date)

