



**Government of the Republic of Trinidad and Tobago**  
Ministry of Sport and Community Development

## ELITE ATHLETE ASSISTANCE PROGRAMME

### QUARTERLY FINANCIAL STATEMENT

Period from \_\_\_\_\_ to \_\_\_\_\_.  
mm/yyyy mm/yyyy

- Please refer to the annual Detailed budget showing forecasted expenses submitted upon registration
- Statements without valid signatures of all parties will not be accepted
- An accurate account of all financial transactions should be documented in the tables below
- 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			
<b>TOTAL</b>			

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

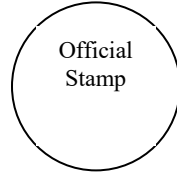
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(Name and Signature) (Date)

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.

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(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.

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(Name, Function and Signature) (Date)

