

ParaGolf Ontario Expense Sheet

FINANCIAL ASSISTANCE REQUEST

NAME:

DATE:

ADDRESS:

PHONE:

CITY:

Postal Code

E MAIL:

TRAVEL						
DATE	FROM	TO/ Return	KM s	0.54	AIR	AMOUNT

EVENT					
DATE	EVENT REGISTERED FOR		FEE	Exchange	AMOUNT
					\$

ACCOMMODATION						
DATE	HOTEL	shared with	# of Nights	COST	Exchange	AMOUNT
						\$

OTHER						
DATE	PARTICULARS			COST	Exchange	AMOUNT
						\$

Travel, Registration & Motel	\$
NET AMOUNT CLAIMED	\$

I hereby certify that the above submitted costs are true and correct and that I have not received funding from any other source.

Signature of Claimant _____

Please note expenses will only be paid if you met policy 201

NET FINANCIAL ASSISTANCE	\$
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approved: _____

approved: _____

affiliated with Canadian Amputee Sports Association

Please submit 1 request for each event, and attach original Receipts

Please send request to: Douglas Walker c/o 407-1499 Nottinghill Gate, Oakville ON L6M 5G1
dougeliz1499@bell.net4