

Alberta Federation of Shooting Sports
WORKSHEET CASINO FUNDS

Association name: _____

ALL CLAIMS must accompany original receipts

Treasurer Name: _____ Date of Claim: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

<i>Payee</i>	<i>Special Info.</i>	<i>Actual Amount</i>	<i>Amount Approved</i>
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Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

President's Signature: _____ Date: _____