



Alberta Federation of Shooting Sports

Part C – Individual Expense Claim Sheet (1 of 2)

*To be kept on file by the Member Association (AFSS may request this form)
Each athlete must fill out their own Part C and submit their ORIGINAL RECEIPTS*

Deadline: November 15, 20__

Association Name:		Date of Claim:	
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Grant Program Category (Check One Only):	<input type="checkbox"/> Administration <input type="checkbox"/> Athlete Development <input type="checkbox"/> High Performance <input type="checkbox"/> Hosting	<input type="checkbox"/> Junior Air <input type="checkbox"/> Leadership <input type="checkbox"/> Range Development <input type="checkbox"/> Technology
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Recipient Information:

Full Name:		Daytime Phone #:	
Address:			
City, Province:		Postal Code:	
Email Address:			
Alberta Health Care # (Required):			

Release Information

By signing this claim I understand that the following information is mandatory for each expense claim.

The information submitted is kept under the supervision of the Association and is required by the AFSS for auditing purposes.

1. Original Receipts (no photo copies, debit/credit card vouchers or cancelled cheques).
2. Airfare – Travel itinerary and original boarding passes for each competition.
3. Ground Travel – Mileage log, all ground travel is calculated from city to city.
4. Copy of the event/competition attended from January 1 – December 1 of the grant year.
5. Must be an Alberta Resident – Alberta Health Care # must be provided for Proof of Residency.
6. Claims received after December 1st are subject to a 25% penalty.

Recipient's Signature: _____ **Date:** _____

Association Information

Name of Association:			
President's Name:		Daytime Phone#:	
Address:			
City:		Postal Code:	
Email Address:			

Amount approved by Association: \$ _____

President's Signature: _____ **Date:** _____



Alberta Federation of Shooting Sports

Part C – Summary Sheet (2 of 2)

Name of Recipient: _____ Page ___ of ___

Please attach extra pages as needed.

1	Name of Event:			
	City, Prov/State:			
	Point of Entry:		# Comp Days:	
	Mileage \$:		Airfare \$:	Hotel \$:
	Meals \$:		Other Expenses \$:	
	Total:			

Comments:

2	Name of Event:			
	City, Prov/State:			
	Point of Entry:		# Comp Days:	
	Mileage \$:		Airfare \$:	Hotel \$:
	Meals \$:		Other Expenses \$:	
	Total:			

Comments:

3	Name of Event:			
	City, Prov/State:			
	Point of Entry:		# Comp Days:	
	Mileage \$:		Airfare \$:	Hotel \$:
	Meals \$:		Other Expenses \$:	
	Total:			

Comments:

4	Name of Event:			
	City, Prov/State:			
	Point of Entry:		# Comp Days:	
	Mileage \$:		Airfare \$:	Hotel \$:
	Meals \$:		Other Expenses \$:	
	Total:			

Comments: