



Alberta Federation of Shooting Sports

Part C – Individual Expense Claim Sheet

To be kept on file by the Member Association
Original Receipts MUST be submitted before payment is made.

Deadline – November 15th to Member Association.

Grant Program Category: (check one only)	<input type="checkbox"/> Administration	<input type="checkbox"/> Junior Air
	<input type="checkbox"/> Athlete Development	<input type="checkbox"/> Leadership
(check one only)	<input type="checkbox"/> High Performance	<input type="checkbox"/> Range Development
	<input type="checkbox"/> Hosting	<input type="checkbox"/> Technology
	<input type="checkbox"/> Athlete	<input type="checkbox"/> Coach
	<input type="checkbox"/> Official	<input type="checkbox"/> Other

Recipient Information

Date of Claim:			
Name:		Daytime Phone#:	
Address:			
City:		Postal Code:	
Email Address:			
Alberta Health Care #(mandatory):			

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:			

President's Signature:

Date:

Amount approved by Association: \$



Alberta Federation of Shooting Sports Summary Sheet – Individual Expense Claims

Name of Person: _____ Page ___ of ___

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

Comments:

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

Comments:

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

Comments:

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

Comments:



Alberta Federation of Shooting Sports

High Performance Development Program
“Train to Win”
Part B - Post Program Analysis

Summary (Attach extra pages as needed)

Point of Impact:

Member Association for Games Sports

Signature and Date:



Alberta Federation of Shooting Sports

Part D: Association Grant Worksheet

(All Grants Including Administration)
Deadline Dec 1st of the grant year

All Claims must accompany the following:
Post Program Analysis (**PART B**)

Page ___ of ___

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 Name	Address	Amount of Claim	Amount Approved
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Totals:				

<input type="checkbox"/> President	<input type="checkbox"/> Treasurer:		Phone:	
Address:			Email:	
City:			Postal:	

Signature:		Date:	
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