

ONTARIO COUNCIL OF SHOOTERS
CHAMPIONSHIP TRAVEL EXPENSE FORM

EVENT _____

PERSONAL

ASSOCIATION: ONTARIO SKEET SHOOTING ASSOCIATION

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE _____

TELEPHONE: (_____) _____

TRAVEL (PLEASE ATTACH ORIGINAL RECEIPTS)

AIRFARE: \$ _____

VEHICLE: (# OF KM) _____ x \$0.27/KM \$ _____

HOTEL: (\$ PER NIGHT) _____ x # NIGHTS = \$ _____

TOTAL TRAVEL & ACCOMMODATION \$ _____

OTHER EXPENSES

MEALS: \$ _____

ENTRY FEES: \$ _____

AMMUNITION: \$ _____

TOTAL OTHER EXPENSES \$ _____

AWARDS

SCORES: _____

TROPHIES: _____

REMARKS: _____

SIGNED BY: _____

Return to: OSSA, P.O. Box 96, Hampton, Ontario L0B 1J0 (within 15 days of event)