Alberta Amputee Sports and Recreation Association **Funding Reimbursement Form**

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| Name       Date: | |
| Address: | |
| City/Province/Postal Code: | Phone #:  eMail Address: |

**This form should be used only when claiming and submitting receipts for reimbursement of approved funding requests.**

**You must forward all original (or copies of original) receipts and associated documentation to the address below. Please submit claims promptly, immediately following the date of the activity. All incomplete forms will be returned to the claimant.**

***Please see the notes on the second page for directions on how to fill in each section.***

**Event Name, Dates, and Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Receipt Date  DD/MM/YY | Code  (Office Use) | Accommodations  Please see notes on second page for directions | | Amount |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Receipt Date  DD/MM/YY | Code  (Office Use) | Travel Expenses  Please see notes on second page for directions | | Amount |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| Travel Expenses: Please see notes on second page for directions for completing the form. | | | | |
| Receipt Date  DD/MM/YY | Code  (Office Use) | Registration Costs  Please see notes on second page for directions | | Amount |
|  |  |  | |  |
|  |  |  | |  |
| Receipt Date  DD/MM/YY | Code  (Office Use) | Other Costs  Please see notes on second page for directions | | Amount |
|  |  |  | |  |
|  |  |  | |  |
| Cheque #  (Office Use) |  | Board Approval : Treasurer Approval: | | Total Claim: |
|  | |  |  | $\_\_\_\_\_\_\_\_\_\_\_ |

**Remit all original receipts to:**

AASRA Sports Director

Alberta Amputee Sports and Recreation Association

P.O. Box 86093 Marda Loop PO, Calgary, Alberta, T2T 6B7

**Directions for completing the form:**

**Accommodation:** AASRA will reimburse members for personal, standard accommodation only. AASRA will not reimburse members for items such as meals, entertainment (movies and games), massages or any other items above and beyond the normal cost of the room and taxes associated with the room costs itself. These are the responsibility of the AASRA member. Please remove them from the amount you are claiming and place the correct amount in the boxes provided. If you shared accommodations with another AASRA member at the event, please indicate who the member was.

**Travel Expenses:** AASRA will reimburse members for travel costs such as Air Fare, Taxi and Car Rental. For some events AASRA will reimburse members for gas expenses (supported by receipts) or kms travelled. When your Request for Funding was approved, you were sent an email giving you the details of what expenses were approved. **AASRA will not cover items such as travel insurance or additional insurance on rental cars and the taxes associated with these items.**

**Registration Costs:** AASRA will reimburse members the cost of Registration for the event they are attending. Receipts are required.

**Other Costs:** Please add any additional expense costs in this area. These would have been approved by the Board as part of your original funding request and you would have been notified via email of the details that any additional cost that would be covered.

Please direct all questions concerning this process to [info@aasra.ab.ca](mailto:info@aasra.ab.ca) attention the Sports Director.

**Remit all original receipts to:**

AASRA Sports Director

Alberta Amputee Sports and Recreation Association

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