



ARCHERY ONTARIO

13 Veterans Way, Huntsville, On P1H 1P3

EXPENSE FORM

EVENT ATTENDED: _____ Updated Format Oct.30th, 2024

DATE ____/____/____ LOCATION _____

Claimant:

NAME: _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____ **P.O. Box** _____

CITY/TOWN: _____ ONTARIO POSTAL CODE _____

Fee Schedule / Attach all Receipts.

Travel: • Mileage (Round Trip) _____ Km. X \$ 0.52/Km. = \$ _____

*KM does not apply for travel within 50km of event.

MUST Include Google Map from departure (i.e. Home address) to destination (i.e. Hotel, venue, archery club)

- Flight/train (Ticket, boarding pass +receipt) \$ _____
- Luggage, etc. \$ _____
- Car rental invoice/agreement \$ _____

Sundry Expenses:

- Accommodation-Max200\$/night-invoice
- 60\$ o/n stay w family (not camping)
- Other(i.e. Parking, airport shuttle, taxi)

- Description: _____ Cost \$ _____
- Description: _____ Cost \$ _____

**Honorarium
Judges &
Technical
Delegate
Per diem for
Food**

- Judging: (\$100.00 per day) for _____ days of event \$ _____
***This amount includes food. No receipts required.**
- Judge kit (up to 100\$ for equipment (i.e. magnifier, tape measure, etc.) \$ _____
- Food Allowance (up to 50\$ per day for 3 meals B+L+D) \$ _____
___ B is 10\$ + ___ L is 15\$ + ___ D is 25\$) No receipts required.

**AO Board
Honorarium
AO Rep
Honorarium**

- 2 Board Meetings: AGM + Spring Planning @50\$/day for _____ day(s) \$ _____
- 2 mid session Online mtgs for updates (1-2 hours max.) @ 25\$ each \$ _____
- AO REPresentative in official capacity to report back to the board (i.e. ACmtg; Training Conference; Pre-approval is required.) 50.00 per day / for _____ day(s) \$ _____

***RECEIPTS ARE REQUIRED (EXCEPT 4 CAR RENTAL-MILEAGE)TOTAL REQUESTED: \$ _____**

I herby certify that I have expended the amounts indicated and that the account is correct in all respects.

Signed: _____ Date: _____

(AO Office use only) Payment Information:			
Travel/Mileage			
Accommodation:			Total Expenses: \$ _____
Other:			Signature _____
Approval by: President			Date: _____

Cheque #:	Total Amount:	HST	G.L. Acct. & #	Journal #