# PARAGOLF ONTARIO

FINANCIAL ASSISTANCE REQUEST

One request per event • Attach applicable receipts

## APPLICANT INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| **Name** | | **Date** | | **Email** | |
| **Address** | | **City** | | **P/C** | |

## TRAVEL / MILEAGE

| Date | From | To / Return | KM | Rate | Mileage | Air | Amount |
|---|---|---|---|---|---|---|---|
| | | | | $0.68 | | | |

**Mileage 50%** **Travel Total**

## EVENT INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| **Event / Registered For** | | **Fee** | | **Amount** | |

## ACCOMMODATION

| Hotel | Shared With | # Nights | Cost / Night | Amount | Additional / Other |
|---|---|---|---|---|---|
| | | | | | |

## OTHER EXPENSES

| Particulars | Cost | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## FUNDING SUMMARY

**Received Funding** **NET AMOUNT CLAIMED**

## CERTIFICATION

I hereby certify that the above submitted costs are true and correct and that I have not received funding from any other source.

**Signature of Claimant** **Date**

## SUBMISSION INSTRUCTIONS

Please submit one request for each event and attach all applicable receipts.

**Submit completed requests to:** Rod Reimer • 69 William Crt • Thorndale, ON N0M 2P0