

# PARAGOLF ONTARIO

## FINANCIAL ASSISTANCE REQUEST



NAME : \_\_\_\_\_ DATE : \_\_\_\_\_  
 ADDRESS : \_\_\_\_\_ PHONE : \_\_\_\_\_  
 CITY : \_\_\_\_\_  
 Postal Code \_\_\_\_\_ E MAIL : \_\_\_\_\_

<b>TRAVEL</b>						
DATE	FROM	TO/ Return	KM s	\$ 0.54	AIR	AMOUNT
						\$ -
						\$ -
<b>TOTAL</b>						<b>\$ -</b>

<b>EVENT</b>				
DATE	EVENT REGISTERED FOR	FEE	Exchange	AMOUNT
				\$ -

<b>ACCOMODATION</b>						
DATE	HOTEL	shared with	# of Nights	COST	Exchange	AMOUNT
						\$ -

<b>OTHER</b>					
DATE	PARTICULARS	COST	Exchange	AMOUNT	
				\$ -	
				\$ -	

Travel, Registration & Motel	\$ -
<b>NET AMOUNT CLAIMED</b>	<b>\$</b>

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 \_\_\_\_\_

NET FINACIAL ASSISTANCE	\$
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approved : \_\_\_\_\_

Please submit 1 request for each event, and attach **original Receipts**

Please send request to  
**Rod Reimer**  
**69 William Crt**  
**Thorndale ON N0M 2P0**