



ARCHERY ONTARIO

13 Veterans Way, Huntsville, On P1H 1P3

EXPENSE FORM

Updated MAY 1st, 2024

NAME of EVENT ATTENDED: _____

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.
- 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. AC mtg OR Training OR Conference, other? Pre-approval is require.)
50.00 per day / for _____ day(s) _____ \$

AO Board Honorarium
AO Rep Honorarium

***RECEIPTS ARE REQUIRED (EXCEPT 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:		Date: _____	
Travel/Mileage		Approval by: President	
Accommodation:			
Other:			
Other:			

Total Expenses: _____ \$

Signature _____

Cheque #:

Total Amount:

HST

G.L. Acct. & #

Journal #