Ontario Cerebral Palsy Sports Association

EXPENSE FORM

NAME OF PARTICIPANT _____

ADDRESS _____

EVENT _____

IN WHAT CAPACITY DID YOU ATTEND THE EVENT _____

DATE	DETAILS: mileage (include km), lodging, meals, miscellaneous		Total
		TOTALS	

Signature of Claimant Date

Name of payee & address (if different than above)

Send expense form & all applicable receipts to:
(scans by email accepted)

Don Borsk, Treasurer - OCPSA
PO Box 60082, RPO Findlay Creek
Ottawa, ON K1T 0K9
amanda@ocpsa.com