



Request for Expense Reimbursement

This form along with original receipts is to be submitted within 30 days of the event to the OPA Treasurer for:

- OPA Lifters claiming reimbursement for travel to championship contests (CPU, IPF)
- OPA Referees claiming reimbursement for refereeing a sanctioned contest (OPA)
- OPA Executive Meetings
- OPA Administrative Expenses

Mail To:
 OPA Treasurer:
 Jackie Pritchard
 581202 RR5,
 Dundalk, ON
 N0C 1B0

Member Information

Event Information

Name: _____ Competition _____ Referee _____
 Meeting _____ Administrative _____

CPU Card #: _____ Name of Event: _____

Address: _____ Location: _____

_____ Date: _____

Phone #: _____ Contest Results: (how you placed etc): _____

Email (optional): _____

**** Each section must be completed as fully as possible. ****

CLAIMANT SECTION

O.P.A SECTION

Details of Expenses	Amount Claimed	Provision in Constitution	Amount Allowed	Amount Approved	Claim Category
Total:			Total:		

OFFICE USE ONLY

Date Received: _____

Approved by: _____

Cheque #: _____

Date Issued: _____

I hereby declare the above information to be true and expenses to be incurred by me:
Claimant's Signature:
