

CASINO APPLICATION

AFSS Gaming Program

Association Information:

Association Name: _____

Association Gaming Contact: _____

Daytime Phone: _____

Association President Name (Print Name)

Association President Signature

Association Treasurer Name (Print Name)

Association Treasurer Signature

Date of Request: _____

Written Quotes

Written quotes from the vendor of your choice. All quotes require the following information: Vender's name, address, Phone number, contact person and detailed description of the product(s) wanting to purchase.

Option 1. Your member association can send the invoice directly to us and we will look after payment.

Option 2. Your member association can pay a vendor and send us the original invoice for reimbursement.

✓ Indicate with a check mark what area best suits your request?

- Hosting
- Volunteer
- Athlete Assistance (see travel assistance form)
- Range Development

Please provide a detailed description of the product, service or travel expenses requested.

Amount of Request: \$ _____

Name of Company and address where you wish to purchase:

Name of Vendor: _____

Address of Vendor: _____

Contact name and phone number of vendors:

Name: _____

Phone #: _____

Alberta Federation of Shooting Sports
CASINO FUNDS WORKSHEET
Association name:

ALL Claims must accompany receipts

Instructions: Fill out Columns A, B, and C with reference to your receipts.
 Fill out Column D with your approved amount in respect to your budget.

Treasurer Name:		Date of Claim:
Address:	City:	Postal Code:
President Name:	President Signature:	Phone #:

A. Payee	B. Item Details	C. Actual Amount	D. Amount Approved
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total: \$ \$