

**SINGAPORE SHOOTING ASSOCIATION**

**CLAIMS FOR MISCELLANEOUS ITEMS**

Name of Payee : \_\_\_\_\_ Date: \_\_\_\_\_

NRIC/Passport No. : \_\_\_\_\_ Please circle: Shooter / Coach / Staff / Others

**RECEIPTS / INVOICES SUBMITTED:**

No.	Item	Amount (S\$)	Remarks
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
	<b>TOTAL</b>		

Payee's Signature	Approved By <small>(Please sign accordingly)</small>	
		High Performance Manager
	Signature/Date	Signature/Date