

Oklahoma Golf Association Foundation
Disclosure Form

Date _____

Full Name of Player _____

Date of Birth _____

Address _____

City _____ Zip Code _____

Telephone Number _____

Cell Number _____

Email Address _____

Name of the competition for which expenses are being disclosed:

Date of Competition _____

Amount of expenses disclosed _____

Complete expense report for all expenses (attach receipts where available) and mail to:

**Mark Felder
OGA Foundation, Jr. Reimbursement
2800 Coltrane Pl., Suite 2
Edmond, OK 73034**

<u>Expenses</u>	<u>Amount</u>
Round Trip Airfare	_____
Personal Car Use (as per current IRS rate)	_____
Accommodation/Lodging	_____
Meals/Refreshments	_____
Entry Fee	_____
Caddie/Cart Fees	_____
Practice Range/Practice Round Fees	_____
	\$ _____ Total Expenses