

CCWR Artillery Powder Reimbursement Request

[Use a separate sheet for each gun]

Event _____ Date _____

Requesting Unit _____

Postal Address _____

To receive a reimbursement from the CCWR a this form must be filled out completely and submitted to the CCWR Treasurer no later than 30 days after the event's completion. The forms will be reviewed for accuracy before any payment is made.

Rounds Fired _____ x _____ oz. = _____ lbs

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Total poundage of powder used _____ lbs

Total lbs of powder _____ x \$ _____ per lb = \$ _____
[ask Event Coordinator or Artillery Commander for current rate]

Friction Primers used _____ x \$ 1.00 = \$ _____

Powder Reimbursement Subtotal = \$ _____

Friction Primers Reimbursement Subtotal = \$ _____

Misc. Items Subtotal (Please attach documentation) = \$ _____

Grand Total of Reimbursement requested \$ _____

Signature of Requesting Party _____ Date _____