



SOARING ASSOCIATION OF CANADA ASSOCIATION CANADIENNE DE VOL A VOILE

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(226) 476-0580 <sacoffice@sac.ca> www.sac.ca

EXPENSE CLAIM FORM

Name of Claimant _____

Reason for claiming _____

Dates from _____ to _____

Travel (provide receipts where possible) GST total (incl GST)

Taxi .....	.....	.....
Rail .....	.....	.....
Air (air coupon required ) .....	.....	.....
Private car .....	.....	.....
Other (parking, etc. ) .....	.....	.....
Meals .....	.....	.....
Accommodation (receipts required ) .....	.....	.....
Telephone .....	.....	.....
Postage .....	.....	.....
Copying .....	.....	.....
Other .....	.....	.....
.....
.....
total	.....	.....

I certify that the above expenses were incurred while on Soaring Association of Canada business.
I have included all available receipts.

Signed Payment of \$ is authorized.

.....
(for SAC)