



**SOARING ASSOCIATION OF CANADA**  
**ASSOCIATION CANADIENNE DE VOL A VOILE**

71 Bank St, 7th floor, Ottawa, ON K1P 5N2

(613) 829-0536, fax 829-9497 <sac@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 )