



### 5.05 CASARA EXPENSE CLAIM

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#### 5.05.1 RELATED DOCUMENTS

- 5.05 PEP Air Invoice (CASARA Expense Claim) Policy
- 5.05 PEP Air Invoice (CASARA Expense Claim) Procedures
- CASARA Expense Claim
- PEP Air Policy Manual

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#### 5.05.2 INSTRUCTION FOR THE FORM FIELDS

##### CLAIMANT INFORMATION

- (1) Leave Blank. May be used by the Member Organization Treasurer.
- (2) Case number assigned by JRCC or the zone training tracking number/EMBC task number.
- (3) Name of person or vendor who incurred the expense.
- (4) Member's Membership number.
- (5) Standard ICAO coding, e.g. C172, PA28, C206 etc. One type only per claim plus standard A/C registration, one only per claim.
- (6) Address of the person or vendor.
- (7) Province or territory of the person or vendor.
- (8) The single digit representing the zone, multiples if applicable, "all" if all.
- (9) Municipality of person or vendor.
- (10) Reason for the claim. Be specific. "Training" is not sufficient. Example: Creeping Line Ahead (CLA).
- (11) Postal Code of person or vendor.

##### TRAVEL

**Provide a complete itinerary (required to verify any meals claimed in ACCOMMODATIONS).**

- (12) Point of departure. Be specific; do not use an identifier unless you mean the airport.
- (13) Date left (full info as to day/month/year).



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Created: 1998 JUL 15  
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(14)Time of departure.

(15)Enter distance travelled in kilometers if travel is by vehicle. When claiming for travel by any other means (other than personal aircraft at CASARA rates – covered in Part 3), insert \$\$ amount paid for ticket.

(16)Reimbursement rate - (See [www.casara.ca](http://www.casara.ca) for current rates). If claiming for other travel as per #15 above, insert the number 1.

(17)Resultant of (15) x (16).

(18)Subtotal of all (17) figures in this column.

(19)Financial code to be entered by Member Organization Treasurer.

(20)Point of arrival.

(21)Date arrived (full info as to day/month/year).

(22)Time of arrival.

### ACCOMMODATIONS

**Include only actual expenses, complete with receipts where required. Amount limited per approved CASARA rates.**

(23)Date of accommodation & meals (full info).

(24)Name of accommodations.

(25)Cost of accommodations (receipt required).

(26)Amount claimed for breakfast (see [www.casara.ca](http://www.casara.ca) for current rates).

(27)Amount claimed for lunch (see [www.casara.ca](http://www.casara.ca) for current rates).

(28)Amount claimed for dinner (see [www.casara.ca](http://www.casara.ca) for current rates).

(29)Sum of (25) + (26) + (27) + (28).

(30)Subtotal of all (29) figures in this column.

(31)Financial code to be entered by Member Organization Treasurer.



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### AIRCRAFT

**Attach any fuel receipts or fuel verification forms to support price/litre. Include horsepower.**

(32) Fuel Factor (FF) from the master pricing sheet – back sheet of Claim Form.

(33) Horsepower (HP) of the aircraft used.

(34) Resultant of FF in (32) x HP in (33).

(35) Date the flight took place.

(36) Duration of the flight.

(37) Enter the figure in (34).

(38) Resultant of (36) x (37).

(39) Subtotal of all (38) figures in this column.

(40) Financial code to be entered by Member Organization Treasurer.

### OTHER EXPENSES

**Taxi, parking, postage, aircraft or equipment, miscellaneous expenses, complete with receipts.**

(41) Date of any miscellaneous expense (full info).

(42) Particulars of the expense; be specific, receipts required, break out items if different categories involved.

(43) Amount of expense, tax included.

(44) Subtotal of all (43) figures in this column.

(45) Financial code to be entered by Member Organization Treasurer.

(46) Grand total of (18) + (30) + (39) + (44).

### CERTIFICATION

(47) Signature of the person/vendor claiming the expense.

(48) Date the claim is signed.

(49) Signature of a CASARA member authorizing the expenses and verifying the claimant incurred the expenses.



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(50) Leave Blank – used by the Treasurer only.

(51) Where the color-coded non-carbon reproduction copies of the claim are to be sent.

### SPECIAL NOTES

- (1) Scanned/Digital “receipts” are preferred when claiming expenses as per Policy F – 010.
- (2) CASARA members cannot authorize their own claims.
- (3) Any contractors, vendors, or agents conducting CASARA business will submit proper invoices on company letterhead.
- (4) Crew manifests, explanations etc. are to be included as attachments.
- (5) “Group” claims are permissible if one person is paying meals and/or accommodation for several CASARA members provided a sign-in sheet and original receipt for purchase accompanies the claim.
- (6) All CASARA members claiming for meals and accommodation must complete the place/date/time portion of “Part 1” even though someone else may be claiming for travel reimbursement; i.e. carpooling to an event.
- (7) (4) and (5) are completed only if claiming IN AIRCRAFT.
- (8) Electronic versions of the CASARA Claim Form are acceptable for use. However, the claimant’s signature is required on the claim.



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### CASARA EXPENSE CLAIM

CLAIM # (1) \_\_\_\_\_ CASE/TASK # (2) \_\_\_\_\_  
NAME: (3) \_\_\_\_\_ MEMBERSHIP # (4) \_\_\_\_\_ A/C TYPE/REG (5) \_\_\_\_\_  
ADDRESS: (6) \_\_\_\_\_ PROV (7) ZONE (8) \_\_\_\_\_  
CITY (9) \_\_\_\_\_ REASON (10) \_\_\_\_\_  
POSTAL CODE (11) \_\_\_\_\_

TRAVEL	PLACE	DATE	TIME	KM/MODE	RATE	TOTAL	CODE
DEPART	(12)	(13)	(14)	(15)	(16)	(17)	(19)
ARRIVE	(20)	(21)	(22)				
DEPART							
ARRIVE							
DEPART							
ARRIVE							
DEPART							
ARRIVE							
SUB TOTAL						(18)	

ACCOMODATIONS							
DATE	ACCOMODATION	COST	BREAKFAST	LUNCH	DINNER	TOTAL	CODE
(23)	(24)	(25)	(26)	(27)	(28)	(29)	(31)
SUB TOTAL						(30)	

AIRCRAFT	FF (32)	xHP (33)	= (34)	/hr			
DATE	TIME			RATE	TOTAL	CODE	
(35)	(36)			(37)	(38)	(40)	
SUB TOTAL						(39)	

OTHER EXPENSES			
DATE	PARTICULARS	TOTAL	CODE
(41)	(42)	(43)	(45)
SUB TOTAL		(44)	

NOTE: RECEIPTS REQUIRED FOR COMMERCIAL TRAVEL  
ACCOMODATION-MEALS-AVGAS-ADMIN EXPENSE (50)

GRAND TOTAL (46)

OFFICE USE ONLY  
DATE RECEIVED  
CHEQUE #

I CERTIFY THAT ALL THE EXPENSES WERE ACTUALLY  
INCURRED ON AUTHORIZED CASARA ACTIVITIES AND ARE IN  
ACCORDANCE WITH CASARA FINANCIAL POLICIES

DISTRIBUTION: (51)

TRASURER/JRCC	Treasurer
NATIONAL OFFICE	MEMBER

SIGNATURE (47) DATE (48)

APPROVED BY (49)