

CASARA EXPENSE CLAIM

CLAIM # _____
 NAME: _____ MEMBERSHIP # _____
 ADDRESS: _____
 CITY _____
 POSTAL CODE _____

CASE/TASK # _____
 A/C TYPE/REG _____
 PROV _____ ZONE _____
 REASON _____

TRAVEL	PLACE	DATE	TIME	KM/MODE	RATE	TOTAL	CODE
DEPART							
ARRIVE							
DEPART							
ARRIVE							
DEPART							
ARRIVE							
DEPART							
ARRIVE							
SUB TOTAL							

ACCOMODATIONS							
DATE	ACCOMODATION	COST	BREAKFAST	LUNCH	DINNER	TOTAL	CODE
SUB TOTAL							

AIRCRAFT	FF	xHP	=	/hr	DATE	TIME	RATE	TOTAL	CODE
SUB TOTAL									

OTHER EXPENSES				
DATE	PARTICULARS		TOTAL	CODE
SUB TOTAL				

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

GRAND TOTAL

OFFICE USE ONLY
DATE RECEIVED
CHEQUE #

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

DISTRIBUTION: _____

TRASURER/JRCC	Treasurer
NATIONAL OFFICE	MEMBER

SIGNATURE _____ DATE _____

APPROVED BY _____