

CHEQUE REQUISITION FORM

Page ___ of ___

Date: _____ Project: _____ Requestor: _____

Expenses Details

Date	Code	Description	Amount	GST	Total
				TOTAL	

Note: Attach original receipts to this form

Mileage Claim Details

Date	From	To	Purpose of Trip	Distance (km)
Total km				
Amount of Claim (km X \$0.435)				

$\$0.435/\text{km} \times \text{Total Distance (km)} = \text{Amount of Mileage Claim}$

Total of all expenses + mileage	
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Address of Payee if not an ASA employee, Board or Contract Staff:

Signed by Requestor: _____

Approved by Executive Director: _____ Date: _____