

CHEQUE REQUISITION FORM

Date: _____ Project: _____

Requestor: _____

| Date | Code | Description | Amount | GST | Total |
|------|------|-------------|--------|--------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | TOTAL | \$ |

Note: Attach receipts and / or invoice to this form, if there are any

Mileage Claim Details

| Date | From | To | Purpose of Trip | Distance (km) |
|--------------------------------------|------|----|-----------------|---------------|
| | | | | |
| | | | | |
| Total km | | | | |
| Amount of Claim (km X \$0.55) | | | | \$ |

\$0.55/km x Total Distance (km) = Amount of Mileage Claim

| | |
|--|-----------|
| Total of all expenses + mileage | \$ |
|--|-----------|

Address of Payee if not an ASA employee, Board or Contract Staff:

Signed by Requestor: _____

Approved by Executive Director: _____ Date: _____