

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 \$0.58)				

\$0.58/km x Total Distance (km) = 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: _____