



BRITISH COLUMBIA SEARCH AND RESCUE ASSOCIATION PROVINCIAL COURSE EXPENSE REIMBURSEMENT FORM

Course Name: _____ Location: _____ Date: _____

Student Name:				
Street Address:				
City:			Postal Code:	
Phone:		*Email:		
TRAVEL EXPENSE				
Distance traveled: _____ kilometers @ \$.50 per km			\$	
Other Travel (Please specify and attach original receipts)				
			⇒ ⇒ \$	
			⇒ ⇒ \$	
ACCOMMODATION EXPENSES: (Please specify and attach original receipts)				
			⇒ ⇒ \$	
MEAL EXPENSES:				
Date	Breakfast \$10.00	Lunch \$15.00	Dinner - \$20.00	Total
TOTAL MEAL EXPENSE				\$
OTHER (Please specify and attach original receipts)				
			⇒ ⇒ \$	
			⇒ ⇒ \$	
TOTAL EXPENSE CLAIM			⇒ ⇒ \$	
I certify that the above is correct and that the expenditures claimed were actually incurred on official business.				
_____			_____	
(Signature of Claimant)			(Date)	

**Note – if you provide your email address, you will automatically be provided with a username and password to access the BCSARA website www.bcsara.com (if not already a member).*

Please submit form to: SAR Support, c/o Justice Institute of British Columbia, 715 McBride Blvd., New Westminster, BC V3L 5T4 or fax to (604) 528-5798 or email to sarsupport@bcsara.com

BCSARA Finance only:	
Reviewed _____	Date submitted to Treasurer _____
Cheque # _____	Dated _____