



# BRITISH COLUMBIA SEARCH AND RESCUE ASSOCIATION

## REGIONAL COURSE EXPENSE REIMBURSEMENT FORM

Course Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name:	
Street Address:	
City:	Postal Code
Phone:	*E-mail:
SAR Group:	
TRAVEL EXPENSE	
Distance traveled: _____ kilometers @ \$.32 per km	\$ _____
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 (if not already a member).*

**Please submit form to: Search & Rescue Support**  
**c/o Justice Institute of British Columbia**  
**715 McBride Blvd.**  
**New Westminister, BC V3L 5T4**  
**Tel: (604)528-5539**  
**Or fax to (604) 528-5798**  
**Or email to sarsupport@bcsara.com**

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