



# 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:	
<p><b>TRAVEL EXPENSE</b> (BCSARA strongly encourages carpooling for all SAR members attending courses. Travel costs represent a major portion of the total cost of conducting courses. Everyone's efforts to carpool will help BCSARA manage the travel expenses more efficiently, and make it possible to maintain the current number of courses offered annually)</p>	
Distance traveled: _____ kilometers @ \$.52 per km	\$ _____
<p>I certify that the above is correct and that the expenditures claimed were actually incurred on official business.</p>	
_____ (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: Sherri Barkoff, Search & Rescue Support**  
**BC Search & Rescue Association**  
**#130 – 10691 Shellbridge Way**  
**Richmond, BC V6X 2W8**  
**Tel: (604)295-7074**  
**Or fax to (604) 270-3644**  
**Or email to sarsupport@bcsara.com**

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