SGGEE

Accounting and Finance c/o 103 Lake Lucerne Close SE Calgary, Alberta CANADA T2J 3H7

REQUEST FOR PAYMENT OR REIMBURSEMENT

I CERTIFY THAT REQUEST COVERS COSTS PROPERLY PAYABLE BY SGGEE

Choose the appropriate currency code (one per form)				
Name		Date (click to open calendar)			
Signature					
Please prepare and forward a cheque payable to	:				
Recipient's name					
Address					
Function or area of activity (Research, Journal, Conve	ention, etc.)				
To satisfy audit requirements please attach relev	ant invoice	(s) and prov	ide a briej	description(s)	
Description			Amount	Office use (Code no., etc)	
				_	
				_	
 Total					
For office use:					
Approved by	Cheque no.			Dated	
Mailed to					