SGGEE

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

REQUEST FOR PAYMENT OR REIMBURSEMENT <u>US FUNDS</u>

I CERTIFY THAT PAYMENT COVERS COSTS PROPERLY PAYABLE BY SGGEE

NAME:	SIGNATURE:	
DATE:		
Please prepare a cheque payable t	to:	
NAME:		
ADDRESS:		
To satisfy audit requirements plea	ase attach relevant invoice(s) and p	provide a brief description
Description	Amount	Category/Classification
	<u>\$</u>	
CHEQUE AMOUNT	<u>\$</u>	
For office use:		
Approved by:		
Cheque no: Dated	d:	
Mailed to:		