

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

REQUEST FOR PAYMENT OR REIMBURSEMENT CDN FUNDS

I CERTIFY THAT PAYMENT COVERS COSTS PROPERLY PAYABLE BY SGGEE

NAME: _____ ***SIGNATURE:*** _____

DATE: _____

Please prepare a cheque payable to:

NAME: _____

ADDRESS: _____

To satisfy audit requirements please attach relevant invoice(s) and provide a brief description

<i>Description</i>	<i>Amount</i>	<i>Category/Classification</i>
_____	<i>\$</i> _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHEQUE AMOUNT ***\$*** _____

For office use:

Approved by: _____

Cheque no: _____ ***Dated:*** _____

Mailed to: _____