



Agility Association of Canada / Association d'agilité du Canada

Treasurer/Trésorière: Heather Taylor

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Request for advance/Avance demandée

Date: _____

AAC position/function / Fonction AAC _____

Name/Nom: _____

Address/Adresse: _____

Town/Ville: _____ Province : _____ Postal Code: _____

Phone/Tél: () _____ E-mail/Courriel: _____

| Item# | DATE | Purpose Of Advance / Raison pour deman- der une avance | AMOUNT/TOTAL / MONTANT TOTAL |
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| | | | |
| Total of this advance/Total de l'avance | | | |

Signature: _____ Date: _____

For AAC Use / A l'usage de l'AAC

| Advance # | Date Issued | Amount | Reconciliation |
|-----------|-------------|--------|----------------|
| | | | |