



**SWG Author Readings Program**  
 Please complete and return to:  
**SWG Author Readings Program**  
**Saskatchewan Writers' Guild**  
**Box 3986, Regina, SK S4P 3R9**  
**www.skwriter.com**

**Author Expense  
 Claim and  
 Report**

**(Author Information Changes)**

**Author:**

**Address:**

**Phone:**

**e-mail:**


Host:	Reading Date:
Contact Person:	Reading Venue/Location

Office Use 512200-0200	<b>Author Reading Fee</b>	<b>\$250</b>
536200-0200	<b>Travel (in km) @ .40 (or attach bus receipt)</b>	
461600-0050	<b>Donation: I would like to make a donation to SWG (Optional)</b>	
	Subtotal	
	<b>GST Registration # _____</b> On File	
	Total	

Using a Scale of 1 - 5 with 5 being highly successful and 1 being not at all successful, how would you rate the overall success of the reading?

We would appreciate receiving your comments about the reading:

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Office Use (GST Registration #: R119440556)
Authorized By: _____
Approved By: _____
Cheque #: _____

\_\_\_\_\_  
**Signature of Claimant**