DAI Name:								INV	OICE
Company Name:									
							-	ice Date: voice #	
Address:									
Phone # :									
BILL TO: P.O. BO	la Civil Aviation Au x GE 218 rge's GE BX Bermuc	-							
Name of Operator:				Inspection Date:			Location:		
nspection Type									
refix: Reg Mark:				S/N:			AC category:		
Secondary Inspec	tion								
Air Travel Details									
Departure Date					Ticket Class			ISS	
<u>Return Date</u>	Return Date Destination								
Airfare BCAA Co	oncur booking #	Amo	unt \$						
Expe	nses Breakdown							<u>OANDA</u>	
li li	nspection Cost		Qty/Day	s Cu	rr	Amo	unt		Total USD
Inspection Day	ys/Hours			USI)				
Travel Days				US	D				
Meals […]	0)							
Docs Review I	Day/Hours								
	pection Related E	xpenses	i					Ex. Rate	
Airfare									
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-	portation Taxi/Shuttle								
Ground transp	port personal vehicle	km	mi	mi km					
Other: Visa/			1						
Multi-Currenc	y Calculation click Her	e		·····#	1	h			
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Wire Transfer Details

Bank Name:

Account Name

Account/IBAN #:

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THIS PAGE FOR BCAA USE ONLY



P.O. Box GE 218 St. George's GE BX Bermuda T +1 441 293 1640 E info@bcaa.bm

BCAA Expense Rebill Customer Form

	Bill To:			
Inspection Type:				
Inspection By:				
Inspection Date:				
Inspection Location:				
Reference Document:				
Registration:		S/N:	А/С Тур	e:

Airfare	
Accommodation	
Meals	
Ground Transport	
Other	

Inspection I	Days	
Extra Days I		
Х		

Docs Review

Administration fee

Total: