

## EXPENSE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Event \_\_\_\_\_

All expense claims must be supported by **ITEMIZED RECEIPTS** and submitted within 60 days of the event. **OTHER FORMS OF PROOF WILL NOT BE ACCEPTED AND THE EXPENSE WILL BE DECLINED.**

Date	Travel			Meals Breakfast \$15 Lunch \$20 Dinner \$30	Hotel	Misc	Description
	# of km	Total @ \$0.70 km	Taxi, Parking				
Subtotals						TOTAL	

- Payment is only issued via direct deposit.
- Scan/photograph and email this form and supporting documents to [volunteers@cceb.ca](mailto:volunteers@cceb.ca).
- Payments will be processed within 60 days of receipt of all information.
- Review the Expense Policy prior to completing your form; only eligible expenses, accompanied by itemized receipts, will be reimbursed. [https://cceb.ca/docs/General-Expense-Policy\\_EN.pdf](https://cceb.ca/docs/General-Expense-Policy_EN.pdf)
- Direct questions to [volunteers@cceb.ca](mailto:volunteers@cceb.ca).

I certify that the above information is a true and accurate record of the expenses I incurred on behalf of the CCEB in the performance of my assigned duties.

I authorize the CCEB to reimburse me in the following way **(SELECT ONE):**

☐ Please use the banking information I have previously provided **(or)**

☐ Please use the following banking information/I have attached a void cheque.

Transit # \_\_\_\_\_ Bank # \_\_\_\_\_ Account# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_