



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 @ \$0.68/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.*
- *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*
- *Direct questions to 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: _____