



# CANADIAN PARENTS FOR FRENCH

## CANADIAN PARENTS FOR FRENCH TRAVEL EXPENSE CLAIM

This form is a fillable form; we recommend completing the form on-line to take advantage of field formats, calculations, and totaling. Print and attach supporting documentation and sign the certification statement.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Details of Expenses: Attach original receipts; copies are NOT acceptable

Purpose of travel:					Meals				
Date	Description	Transportation	Accommodations	Incidentals	Brkfst	Lunch	Dinner	Misc	Total
mm/dd/yr		include taxi, train, air	hotel/private	\$10	\$15	\$15	\$35	i.e. fees	

Subtotal

Personal Vehicle - attach a Vehicle Kilometer Log if claim includes more than one trip. X .50 ¢/km

**I wish to support the organization by offering the following amount as my donation.**

Your gift in support of CPF is welcomed and appreciated. However, due to cost, we will issue tax receipts in January of the following year only to donors who have made donations of more than \$10, unless a receipt for a lesser amount is specifically requested. CPF Charitable Reg. No: 11883 5131 RR0001

Total

**\*\* Less Advance**

**\*\* Less Donation**

Net Claim

Forward completed form, including all required attachments (original travel receipts, boarding passes) to: Canadian Parents for French; 1104-170 Laurier Ave. West, Ottawa ON K1P 5V5

**You have 30 days post event to send us your expense claim form, duly completed, signed and accompanied by the required receipts. We strive to provide reimbursement within 60 days of receipt.**

### Certification

*I certify that all expenses incurred are related to Canadian Parents for French business, that they comply with Canadian Parents for French travel policy expense guidelines, and that I personally paid for them.*

Claimant's Name: \_\_\_\_\_  
 Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### (For National Office Use only)

Paid Date \_\_\_\_\_ Batch # \_\_\_\_\_ VP # \_\_\_\_\_

A signature indicates approval as to the appropriateness and reasonableness of the expenses being claimed.

Approved by Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved by Signature: \_\_\_\_\_  
 Approved by Executive Director: \_\_\_\_\_

**\*\* Use - sign for Less Advance and Less Donation fields (displays in red.) For example input \$10 donation as -10**