TRAVEL EXPENSES

Barrier-Free Education Initiatives

Name *First*	*Last*	Date
Address: *Street*		*Unit*
City	*Prov.*	
Postal Code	E-mail	
Board	Title	Approved by

Explanation	Date	Travelled from: *Address*	Travelled to: *Address*

Expenses	Date	Details	Amount
☐ **Transportation**		◯ Air ◯ Taxi ◯ Rental car ◯ Other	$
		◯ Air ◯ Taxi ◯ Rental car ◯ Other	$
		◯ Air ◯ Taxi ◯ Rental car ◯ Other	$
☐ **Own car**		Mileage (Paid at 40 cents/ Kilometre)	$
☐ **Lodging/Hotel**		Location	$
			$
			$
☐ **Meals** (Not to exceed $40/day total)			$
			$
			$
			$
Travelled with:		Purpose	$
			$
☐ **Other** (with prior approval)		Purpose	$
			$
			$
		Subtotal	$
		Less amount paid by board	$( )
		Total amount owing to attendee	$

Applicant's Signature:	Date:
Finance Approval:	Date:

FOR ACCOUNTING USE ONLY

G/L Codes			
	Mileage	$	$
	Travel	$	$
	Car Rental	$	$
	Hotel & Meals	$	$
	Other 1	$	$
	Other 2	$	$
	Other 3	$	$
	Other 4	$	$
	Other 5	$	$
	TOTAL	$	$
		1/2 GST	**$**

All expense claims must be received by **June 30, 2011** in order to be reimbursed.

Travel must be booked by the most economical means. Travelling business class is not permitted. If you have any questions regarding what expenses are eligible, please contact **Barbara O'Dea. bodea@chs.ca • 416-928-2500 Ext. 301**

Supply coverage for release time is not covered by this project.

Please attach original receipts for all listed expenses, sign the form and send to: Barbara O'Dea, Ph.D.
Project Manager, Barrier-Free Education Initiatives
The Canadian Hearing Society
271 Spadina Road, 4th Floor, Toronto, ON M5R 2V3

THE CANADIAN HEARING SOCIETY
LA SOCIÉTÉ CANADIENNE DE L'OUÏE

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