CLAIM for REIMBURSEMENT of EXPENSES

Please complete the form below and mail along with original receipts to CKC 2025, postmarked by August 24, 2025. This form can be filled in electronically in MS Word.

| Claimant's Name |  | | | Dates of Travel | | August , 2025 |
| --- | --- | --- | --- | --- | --- | --- |
| Organization |  | | | **Position** | |  |
| Mailing Address |  | | | | **Session Name** |  |
| Phone 1 |  | Phone 2 |  | Email |  | |

| Expenses to be Claimed | | | |
| --- | --- | --- | --- |
| Date  (yyyy/mm/dd) | Description of Expense  (i.e., Airfare, Air Canada, Vancouver to Toronto return) | Amount (CAD)  (Please indicate currency if NOT CAD) | Original  Receipt, Proof of Payment, Boarding Pass included? (Please circle if applicable) |
|  |  |  | YES / NO |
|  |  |  | YES / NO |
|  |  |  | YES / NO |
|  |  |  | YES / NO |
| TOTAL EXPENSES | | **$** |  |

PLEASE NOTE: CLAIMS POSTMARKED AFTER August 24, 2025 WILL NOT BE REIMBURSED.

Claimant: I hereby certify that I have incurred the above expenditures, that they are in compliance with the CKC2025 policies and they have not been reimbursed by a third party.

Please complete this form and send a scanned copy via email. In addition, please send scanned copies the original receipts, original boarding passes, proof of payment, and Direct Deposit Form by August 24, 2025.

E-mail : [info@akcse.org](mailto:info@akcse.org)

Questions? Please call us at (416) 449-5204

E-mail at [info@akcse.org](mailto:info@akcse.org).

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Claimant’s Signature

August , 2025

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Date



별첨: Direct Deposit Form

