

Date: _____

First Name: _____ Last Name: _____
Designation: _____ Cert/Reg # (if applicable): _____
Phone Number: _____ Work Phone: _____
Address: _____
City: _____ Province/State: _____ Postal Code/Zip: _____
Email: _____

EXPENSE CLAIMS FOR ATTENDANCE TO:

Event Name _____

Host Organization: _____

Location: _____ Event Date(s): _____

Registration Fees: _____

Accommodations: _____

Air or Rail Fare: _____

Auto/Kilometers: _____

Based on current government rates: <http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/bnfts/tmbl/llwnc/rts-eng.html>

Meals: _____

Food and Beverage allocation to a maximum of \$75.00/per diem

Total Expenses: _____

Total Claimed (to max. of \$1,000): _____

NOTES:

- If some of your receipts are in foreign funds, you must send us paperwork showing proof of exchange rate.
- Interac or credit card receipts alone are not sufficient
- Accommodation costs are covered, however, incidentals such as telephone, movie rental or any other services are not.
- Receipts and documentation must be sent to OPC National Office within 65 days of event occurrence.

For more detailed information on OPC's Travel & Expense Policy go to <http://www.opcanada.ca/download.php?id=162>

Please submit all original documentation (along with this form) to:

**Orthotics Prosthetics Canada (OPC) National Office
202-300 March Road Ottawa, ON, K2K 2E2**

Phone: 613-595-1919 info@opcanada.ca / www.opcanada.ca