

**CAOT-BC Research and Education Grant Program
Expense Claim Form (original documentation required)**

***Deadline for submission: Information must be submitted by May 31, 2018**

CAOT-BC Member Name (Last, First)			
CAOT-BC Number			
Email Address and Phone Number			
Address (#, street, city, postal code)			
Social Insurance Number			
Conference Name			
Conference Date			
Conference Location			
Name of Paper/Poster/Workshop			
Expense (name)	Expense cost (CAD)	Expense Date	Other source of funding for this expense?
	\$		<input type="checkbox"/> Yes, amount: \$ _____ <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes, amount: \$ _____ <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes, amount: \$ _____ <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes, amount: \$ _____ <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes, amount: \$ _____ <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes, amount: \$ _____ <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes, amount: \$ _____ <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes, amount: \$ _____ <input type="checkbox"/> No
I have enclosed these 3 items: (please check)	All Conference expense receipts: (including airline itinerary/receipt if applicable)		<input type="checkbox"/>
	CAOT-BC grant confirmation email:		<input type="checkbox"/>

	Proof of conference presentation or program agenda: <input type="checkbox"/>	
I hereby certify that the information included in this form is true and accurate.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name (PRINT)	Signature	Date

Scan and email this completed claim form along with copies of receipts to CAOT-BC: scharles@caot.ca