



IPAC BC Expense Claim Form

Please complete in detail.

Item	Amount before tax	GST/HST	Total
Conference/Meeting/Course Registration Fees Details: _____			
Transportation (e.g. plane, taxi, parking etc.) Details: _____			
Accommodation Hotel # of nights _____ at \$ _____/night			
Food (must have original receipts; no alcohol)			
Total Claim			

Name (in full, please print): _____

Address: _____ Postal Code: _____

Phone # _____ Email: _____

Conference/Meeting/Educational opportunity: _____

Dates: _____

Claimant Signature

Date