

REIMBURSEMENT CLAIM FORM

PAN/FFL Peer Gatherings – March 10-11th 2020

Civic Hotel, Surrey

Date: _____ Name: ____

Organization:			
Mailing Address:			
City:	Postal Code:		
Phone: Email:			
IMPORTANT: You			
Please STAPLE in date order to this form.			
Note: Reimbursable expenses are subject to the approval of PAN Administration.			
Reimbursements will not be processed u			
Item	Sub Total	GST (As detailed	Total
	(not including GST)	on receipt)	
Air/Bus/Ferry/Transit Ticket(s)			
Mileage @ .48/km to a maximum	Distance in kms		
of economy air fare (may only be	40 -	n/a	
claimed once/vehicle)	x .48 =		
Childcare (Must include signed invoice			
from childcare provider- see over, PAN offers \$50/day of training)			
	7 7	otal Amount for	
Pay to: Organization	I to alterial conf	Reimbursement	
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TI: 6 .: 5 1000 11 6	2 1		
This Section For Internal Office Use Only GL #: GL Description: Expense Type: Class: Approved by:			
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To be returned by mail postmarked by Wednesday, March 25th 2019. Forms postmarked after this date **WILL NOT** be processed.

Mail to: attn. Simon Goff, PAN, 603 – 402 West Pender St. Vancouver, BC V6B 1T6



For Childcare reimbursement ONLY

Date:			
Amount: \$50.00 x days =			
Received from (Your name):			
Name of Child(ren):			
For Childcare Services on March 10 th and/or March 11 th 2020 (circle as appropriate) while attending the Pacific AIDS Network (PAN) Peer Gathering event(s).			
Childcare Provider's Name:			
Childcare Provider's Signature:			
We may also follow up with you about this submission to clarify its information. We have very limited funds for child care, but make every effort to do what we can to support parents and guardians attend our professional development trainings.			
PAN staff or volunteers are not able to provide cash reimbursements.			

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