**CLAIM for REIMBURSEMENT of EXPENSES** Cheque #

Please complete the form below and mail along with original receipts to CKC 2020, postmarked by July 6, 2020. This form can be filled in electronically in MS Word.

| Claimant's Name  |   | Dates of Travel | June , 2020 |
| --- | --- | --- | --- |
| Organization |  |
| Mailing Address |  | **Session Name** |  |
| Phone 1 |  | Phone 2 |  | Email |  |

| Expenses to be Claimed |
| --- |
| Date(dd/mm/yyyy) | 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 July 6, 2020 WILL NOT BE REIMBURSED.**

Claimant: I hereby certify that I have incurred the above expenditures, that they are in compliance with the CKC2020 policies and they have not been reimbursed by a third party.

Please complete this form and mail a copy along with the

ORIGINAL receipts, ORIGINAL boarding passes, and proof of payment, postmarked by July 6, 2020, to:

Jeong-Ae An

Administrative Manager

The Association of Korean-Canadian Scientists and Engineers (AKCSE)

1133 Leslie Street, Suite #206,

North York, ON, M3C 2J6

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

E-mail info@akcse.org.

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 Claimant’s Signature

 June , 2020

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 Date



별첨: Direct Deposit Form

