



# BC CONFEDERATION OF PARENT ADVISORY COUNCILS

200 - 4170 Still Creek Drive, Burnaby, BC V5C 6C6  
 Tel. No. (604) 687-4433 Toll Free No. 1-866-529-4397 Fax. No. (604) 687-4488 email: info@bccpac.bc.ca

## Travel Subsidy Claim Form

This form is for Designated District Delegate use only. To apply for travel subsidy, please complete all four sections of this form and submit it to BCCPAC with original receipts. Please allow sufficient time for the application to arrive in the BCCPAC office on or before December 19, 2011. **Late applications will be respectfully returned unpaid.**

**Deadline: Application(s) must be received at the BCCPAC Office by  
 Monday, December 19, 2011**

**INSTRUCTIONS:**

- Complete all applicable parts: Section 1, 2, 3, and 4. Please type or print clearly. Please see Travel Subsidy Information sheet for allowable expenses.
- Send the completed application form, invoices, receipts and other supporting documents to #200-4170 Still Creek Drive, Burnaby, BC V5C 6C6
- All supporting documents including receipts and invoices must be originals.
- If you are applying for more than one travel subsidy claim, or have receipts that cover more than one delegate, please complete **one form per delegate** and send all the receipts and application forms together as one package.

**Section 1** **General Information**

PAC/DPAC Name: \_\_\_\_\_ SD # and Name: \_\_\_\_\_

**Delegate Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street number and name City Postal Code

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Section 2** **Travel Subsidy Application**

Please endeavor to book air travel at the most economical rate

1. Those wishing to receive a subsidy for **air travel** must provide the office with flight confirmation by November 19, 2011. Any claims for flights booked after this date will be subject to approval based on a first-come first-served basis and the availability of funds.

2. Please record round trip kilometers from home to the conference venue. (*Use of Google Maps is acceptable.*)

<b>Air/Bus:</b>	From _____ to _____ + return (round trip)	= \$	
<b>Automobile:</b>	Total round trip kilometers travelled _____ km. @ \$0.50 <small>(from Home to Venue and return, according to Google Maps)</small>	= \$	
<b>Ferry:</b>	\$ _____	= \$	
<b>Grand Total</b>		<b>\$</b>	

*Please note: The maximum reimbursed for travel will be based on the most economical means of transportation*

I, the Designated Delegate for the district, hereby sign to confirm that all the information I have provided in Section 1 and Section 2 is true and complete.

Signature: \_\_\_\_\_

**Before mailing, please...**

- Sign the application form (one form and signature per delegate application) and attach original receipt(s).
- Check to make sure the District Certification page (Section 3 and 4 on page 2) is fully completed and attached.**
- Allow sufficient time for the application to arrive in the BCCPAC office on or before November 15, 2011.



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## Section 3

### District Certification

**NOTE:** Please contact the office if there is no active DPAC for your District.

#### District Certification

(1) Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
DPAC Chair (Please print)

Date: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

(2) Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
DPAC Executive Member (Please print)

Date: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

## Section 4

### Cheque Requisition

**Please indicate to whom the subsidy cheque is payable to:**

- DPAC
- PAC
- Designated Delegate

Payee's Name: \_\_\_\_\_  
The name to be shown on cheque

Cheque recipient's address: \_\_\_\_\_  
Street number and name City Postal Code

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
DPAC Chair DPAC Executive Member

For Office use	_____	_____
	<small>BCCPAC Approval</small>	<small>Date</small>
	Posted: _____	Processed: _____ By: _____
	Remarks: _____	# of Designated Delegates for this District: _____