



# BC CONFEDERATION OF PARENT ADVISORY COUNCILS

350 - 5172 Kingsway, Burnaby, BC V5H 2E8

Tel. No. (604) 687-4433 Toll Free No. 1-866-529-4397 Fax. No. (604) 687-4488

## 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 May 17, 2010. **Late applications will be respectfully returned unpaid.**

**Deadline: Application(s) must be received at the BCCPAC Office by  
Monday, May 17, 2010**

### 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 #350-5172 Kingsway, Burnaby, BC V5H 2E8.
- 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 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. New this year:** Those wishing to receive subsidies for **air travel** must provide the office with flight confirmation by **March 31, 2010**. 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. If travelling by automobile:**  
Please record round trip kilometers from home to the conference venue.

**Air/Bus:** From \_\_\_\_\_ to \_\_\_\_\_ + return (round trip) = \$ \_\_\_\_\_

**Automobile:** Total round trip kilometers travelled \_\_\_\_\_ km. @ \$0.48 = \$ \_\_\_\_\_

**Ferry:** \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

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 May 17, 2010.



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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: _____
	Remarks: _____	