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|  | **GCIG EXPENSE CLAIM FORM** |  |  |  |
|  |  |  |  | **GCIG Member Group:** |
| **Please complete this form by typing in your responses. Please do not handwrite.** |
| **Beneficiary (an address must be provided for wire transfers):** |
| Name: |
| Complete Home Address: |
|   |
| Email Address: |
| Phone number: |
|   |
| **Banking Information** (for wire transfers): |
| Beneficiary Bank: |
| Complete Bank Postal Address: |
|   |
| IBAN number: |
| SWIFT Code: | Bank Account number: |
| Other Information: |
|   |
| **EXPENSES:** | **Date (yy/mm/dd)** | **Details:** |  |  |  | **Currency** | **Amount** |
| **Transportation:** |   | Air □ |  Taxi □ | Rental □ | Other □ |   |   |
|  |   | Air □ |  Taxi □ | Rental □ | Other □ |   |   |
|  |   | Air □ |  Taxi □ | Rental □ | Other □ |   |   |
|  |   | Air □ |  Taxi □ | Rental □ | Other □ |   |   |
|  |   | Personal Car □ Mileage: |   |   |
|  |  |  |  |  | subtotal: |   |   |
| **Accommodation:** |   | Hotel Name: |   |   |
|  |   | Address: |   |   |
|  |   |   |   |   | subtotal: |   |   |
| **Meals:** |   | Breakfast □ | Lunch □ | Dinner □ |   |   |   |
|  |   | Breakfast □ | Lunch □ | Dinner □ |  |   |   |
|  |   | Breakfast □ |  Lunch □ | Dinner □ |  |   |   |
|  |   |   |   |   | subtotal: |   |   |
| **Other:** |   | Purpose: |   |   |
|  |   | Purpose: |   |   |
|   |  |  |  |  | **TOTAL:** |   |   |
|   |  | Amount in currency requested by attendee: |  |   |
| **Signature:** |  |  |  |   | Date: |   |   |
| Please send this form with copies of all receipts, boarding passes, proofs of purchase, etc. to: |  |
| Katherine Bennett |  |  |  |  |  |  |  |
| Email: gcigopsasst@gmail.comPhone: (00)1-613-539-6456 |  |  |  |
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