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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.com](mailto:gcigopsasst@gmail.com)  Phone: (00)1-613-539-6456 | | |  | | |  |  |
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