Climbing Escalade Canada

CONTRACTOR PAYMENT FORM

Contractor's Name: _____

Payment Email: _____

CEC Event: _____

Dates and Location: _____

Role hired for: _____

Eligible Expenses

Please indicate the amount you wish to receive a refund for.

Please refer to the CEC Travel Reimbursement Policy for eligible expenses.

		RECEIPT PROVIDED? Y or N
Flight:	$	
Self-Booked Accommodation:	nights x $125 =	
Personal Car (mileage):	km x $0.55 =	n/a
Uber/Cab:	$	
Public Transit:	$	
Car rental and Gas	$	
Other (please specify):	$	
TOTAL Eligible Expenses	$	

Contractor's Signature: _____

Date: _____

Please submit form and all receipts for Eligible Expenses to ed@climbingcanada.ca for approval.

FOR ADMINISTRATIVE USE ONLY	
Honorarium	$
Perdiem	$
Approved Expenses	$
TOTAL APPROVED PAYMENT to be issued to Contractor	**$**

Administration's Signature: _____

Date: _____