



# Prosthetics Education Program Expense Claim Form

Name:	_____
Qualifications:	_____
Address:	_____ _____ _____
Telephone No.:	_____
Employer:	_____

## Expenses:

Name of course: \_\_\_\_\_  
Date and location: \_\_\_\_\_

Registration fee:	\$ _____
Auto: _____ kilometres at 25¢ per km	\$ _____
Air or rail fare:	\$ _____
Accommodation:	\$ _____
Meals:	\$ _____

We cannot accept credit card or Interac receipts as proof of payment for meals. You must submit detailed restaurant receipts. The meal contributions are as follows: \$6.00 for breakfast, \$9.00 for lunch and \$15.00 for dinner.

Total expenses:	\$ _____
Total claimed (to a maximum of \$1,000.00):	\$ _____

Signature \_\_\_\_\_ Date of claim \_\_\_\_\_

Please note: Reimbursements are made to the individual only.

**Please send all documentation to The War Amps National Amputee Centre by mail or email.**