

# Continuing Education Program Expense Claim

Please refer to the Continuing Education Program Guidelines for more information.

**Full name:** \_\_\_\_\_

**Qualifications:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone (specify):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Name of course:** \_\_\_\_\_

**Date(s) and location:** \_\_\_\_\_

**Registration fee** \$ \_\_\_\_\_

**Mileage:** \_\_\_\_\_ kilometres at 25¢ per kilometre (excluding gasoline costs) \$ \_\_\_\_\_

**Air/rail fare, or other** \$ \_\_\_\_\_

**If other, please specify:** \_\_\_\_\_

**Accommodation** (telephone calls, movie rentals or any other services received while staying at the hotel are not covered) \$ \_\_\_\_\_

**Total expenses** \$ \_\_\_\_\_

**Total claimed** (to a maximum of \$1,000) \$ \_\_\_\_\_

\_\_\_\_\_

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

**For Office Use Only**

<p><b>Vendor stamp</b></p> <p>Prices OK _____</p> <p>Extension OK _____</p> <p>OK for payment _____</p> <p>Vendor # _____</p> <p>Voucher # _____</p> <p>Charge to # _____</p> <p>Charge to # _____</p>	<p><b>Requested report</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The War Amps might request that applicants submit a report to share their expertise and newly acquired knowledge with us following their continuing education opportunity as part of our mandate to support amputees in Canada. This will further position The War Amps as a centre of excellence in the area of amputation and prosthetic care.</p>	<p><b>Status</b></p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not approved</p>
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**Spending authority signature** \_\_\_\_\_

Please send all documentation to The War Amps National Amputee Centre.