



Claimant Name: (print or type) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Task No. \_\_\_\_\_ Date Incurred: (from) \_\_\_\_\_ (to) \_\_\_\_\_

PERSONAL/VOLUNTEER/MUNICIPAL/SOCIETY EXPENSES				
To Whom Paid	Travel <sup>2</sup> Mileage @ km	Meals <sup>1</sup>	Vehicle/Equipment <sup>2</sup>	Total
	km=			
	km=			
	km=			
	km=			
	km=			
Miscellaneous Expenses (attach receipts)				\$
Balance Forward from Supplements				\$
SUBTOTAL				\$
TOTAL CLAIM				\$

1. Calculated to a maximum of four per 24-hour period. See current PEP Reimbursement and Allowance Rate Chart  
2. Rates as per current PEP Reimbursement and Allowance Rate Chart

Signature of Claimant: (use ink) \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

EMBC USE ONLY

EQUIPMENT REPLACEMENT/REPAIR REQUEST APPROVAL

YES/NO

Goods and Services Received:

EMBC Regional Staff \_\_\_\_\_

Date \_\_\_\_\_

March 2013

<p>EMBC HEADQUARTERS USE ONLY</p> <p><i>I do hereby certify that the amount to be paid is correct, complies with the appropriate statute or other authority where required, the goods have been received and/or other conditions have been met:</i></p> <p>Spending Authority: _____</p> <p>Resp: _____ Account: _____ STOB: _____ Project #: _____</p> <p>Commitment #: _____ Supplier #: _____ INV# _____</p> <p>Entered by: _____ Date: _____</p>
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