



**EMPLOYMENT & ASSISTANCE
APPEAL TRIBUNAL**

INVOICE # _____

CLAIM FOR OUT OF POCKET EXPENSES

COMPLETE THE FIELDS BELOW, ATTACH ORIGINAL RECEIPTS & SUBMIT TO THE
EMPLOYMENT & ASSISTANCE APPEAL TRIBUNAL OFFICE.

DATE	FILE #	DESCRIPTION (RECEIPTS REQUIRED)	AMOUNT

TOTAL

Social Insurance #

NAME: _____

PLEASE PRINT

ADDRESS: _____

STREET

CITY

POSTAL CODE

MINISTRY: 031 RESPONSIBILITY: 46059 STOB: 5515 ACCOUNT: 48633

Certified this is a true statement of allowances to which I am entitled, as a result of participation in the Employment and Assistance Appeal Tribunal. I have not been and will not be reimbursed by any other party for the Employment and Assistance Appeal Tribunal business as detailed above. Out of Pocket Expenses are in accordance with appropriate statute or any authority for payment, and where applicable, the work has been performed and the conditions met.

Certified that the amount to be paid is correct, is in accordance with appropriate statute or other authority for payment and/or contract and, where applicable, that the work has been performed, the goods supplied, the service rendered and/or other conditions met.

Spending Authority (Print Name)

Signature of Tribunal Member

Spending Authority (Signature)

Date Signed

Date Signed