

Employment and Assistance Appeal Tribunal

Panel Member Hearing Claim Form

GA Number	Date of Hearing (Month/Day/Year)	Appeal Number
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Panel Member (\$115 per hearing)
 OR
 Panel Chair (\$175 per hearing)

A. Member Name - Print clearly

Last Name	First Name
Address	Telephone
City	Postal Code

Tribunal payments are classified as taxable income by Canada Customs and Revenue Agency. Please make a copy of this form for your records. You will receive a T4A form.

B. Travel /Miscellaneous Expense Reimbursement

Date of Travel	Travel From	Travel to	Distance travelled & total vehicle costs			Other transportation	Meals			Meal Per Diem	Accommodation costs	Miscellaneous		Total Daily Costs
			KM	X .50	\$		\$	B	L			D	\$	
Total of Columns												Total: \$		

C. Extraordinary Travel Complete this section only if your round trip travel to a hearing exceeds three hours OR you are making a per diem claim

Travel Time - Leave Residence _____ AM <input type="checkbox"/> PM <input type="checkbox"/>	Return: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>
Hearing Time - Start: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>	End: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>

Member Signature	Date Signed (Month/Day/Year)
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D. Tribunal Use Only

Min	Resp.	Service Line	STOB	Project	Amount
031	46059	48633	5505	4600000	
Min	Resp.	Service Line	STOB	Project	Amount
031	46059	48633	5515	4600000	
<small>I CERTIFY 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 CONDITIONS MET.</small>				Total Invoice	

GOODS AND SERVICES RECEIVED SIGNATURE	PRINT NAME	DATE
SPENDING AUTHORITY SIGNATURE	PRINT NAME	DATE

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act*, the *Employment and Assistance for Persons with Disabilities Act* and the *Child Care Subsidy Act*. The disclosure of this information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use of disclosure of this formation, please contact the Employment and Assistance Appeal Tribunal.