

# CPF *Canadian Parents for French*

*British Columbia & Yukon Branch*

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## *CPF Reimbursement Request Form*

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Event or Function: \_\_\_\_\_ Phone: \_\_\_\_\_

Please categorize expenses:	Description	Amount
Advertising	_____	_____
Equipment Rentals	_____	_____
Gifts	_____	_____
Meeting	_____	_____
Newsletter	_____	_____
Office Supplies	_____	_____
Postage	_____	_____
Printing	_____	_____
Other (please describe):	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	<b>Total</b>	_____

Make cheque payable to: \_\_\_\_\_

Date cheque required by: \_\_\_\_\_ (One weeks notice please)

- Expense Policies:
- all expenses must be accompanied by original receipts, except photocopies of phone bills. **Attach original receipts, invoices, contracts, etc. to the back of this form!**
  - claims must be submitted within one month or when they total \$100, whichever is first
  - all claims for the fiscal year must be submitted within 15 days of the year end and may not be carried forward into the next fiscal year
  - decisions of the Treasurer may be appealed to the Board of Directors

I hereby certify that I have incurred all of the above expenses on behalf of CPF. \_\_\_\_\_

### **For Treasurer's Use ONLY**

Paid to: \_\_\_\_\_ Date: \_\_\_\_\_  
Chequing Account: Chequing or Gaming Cheque #: \_\_\_\_\_ Cheque Amount: \_\_\_\_\_

Expensed to: \_\_\_\_\_ Amount: \_\_\_\_\_  
Expensed to: \_\_\_\_\_ Amount: \_\_\_\_\_  
Expensed to: \_\_\_\_\_ Amount: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_