



## Delegate Reimbursement Form

**Date:** \_\_\_\_\_ **Delegate Name:** \_\_\_\_\_

**Delegate Signature:** \_\_\_\_\_

**Contact Info:**

**Address:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

**City:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Conference/Competition Details:**

**Event Attended:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Transportation Method:** \_\_\_\_\_

	Full Costs Paid by Delegate	Percentage of Cost Covered**	Amount Covered by BSA**
<b>Delegate Fee</b>	\$		\$
<b>Transportation Cost</b>	\$		\$
<b>Hotel Cost*</b>	\$		\$
		<b>Total:</b>	\$

\*Please indicate the total hotel cost if not included in the delegate fee.

\*\* Sections highlighted in gray are for BSA use only.

**Notes:** \_\_\_\_\_

**BSA Use Only**

**Approved by:** \_\_\_\_\_  
Name
Signature

**Approved by:** \_\_\_\_\_  
Name
Signature

**Cheque Number:** \_\_\_\_\_ **Cheque Date:** \_\_\_\_\_