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**
Delegate Fee	$		$
Transportation Cost	$		$
Hotel Cost*	$		$
		Total:	$

***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:** _____

To be completed upon cheque pick-up:

Signature: _____ **Date:** _____