



Canadian Culinary Federation
Fédération Culinaire Canadienne
 Office of the National Treasurer
 32 Rosewood Drive
 Timberlea, NS B3T 1C6
 Tel. 902-876-0835
 Email: treasurer@ccfcc.ca

Name:	Date	Page ___ of ___
Address:	STATUS Member: <input type="checkbox"/> Board: <input type="checkbox"/> Committee: <input type="checkbox"/> Contracted: <input type="checkbox"/> Other: <input type="checkbox"/>	

Transaction Date	Company Name	Purpose of Expense	Office Use LEDGER CODE	Amount	GST/HST
Sub Totals:					
Net Claim:					

CONDITIONS OF PAYMENT

Expenses incurred for the purpose of conducting business on behalf of the CCFCC & CCI will be fully reimbursed under the following conditions:

1. That the expense reflects a true "out of pocket" payment made on behalf of the CCFCC & CCI
2. That the expense is supported by an official receipt (original copy) issued by the vendor.
3. That the notice of claim has pre-approved by a majority ruling of the Board of Directors or has been authorized by the National Treasurer under the terms of his/her mandate.
4. That the service has been provided by a recognized vendor associated with or contracted by the CCFCC or CCI, subject to access of availability.
5. That the claim meets all of the criteria of allowable expenses outlined in CCFCC Bylaws.

All claims are to be presented on this form with applicable receipts from which copies of same will accompany returned payment. Photocopies of vendor's invoices will NOT be accepted.

OFFICE USE	
Date Posted:	_____
Date Paid:	_____
Cheque No.	_____