



Prince Edward Island College of Occupational Therapists
PEICOT

Date: _____

Your Name: _____

Signature: _____

Name on Cheque if Different: _____

Mailing Address: _____ Postal Code: _____

Reason for Claim: _____

Date	Description	Travel	Accommodations	Per Diem/Meals	Incidentals	GST or HST*	Other
	Mileage Description	# Km	Km X \$0.00				
Total							

Please attach original receipts for transportation and other expenses (receipts for meals and incidentals are NOT required; boarding passes are not required)

NOTE: when completing electronically do not type in the grey areas
Meals (if meals not supplied)
 Breakfast only: \$10.00, Lunch only: \$15.00, Dinner only \$25.00 Full day \$50.00
 charge the lower of actual cost or above rates, no receipts required

Mileage rate will be current Provincial rate in cents

Total Claim	0
Approval Date:	_____
Approval:	_____