

**CPA**CHARTERED
PROFESSIONAL
ACCOUNTANTSWESTERN
SCHOOL
OF BUSINESS

CPA Western School of Business

800-555 West Hastings Street, Vancouver, BC, V6B 4N6

Office: 604 872.7222

www.cpawsb.ca**CPAWSB IT PROCTOR EXPENSE FORM**

NAME: _____ PHONE #: _____

EVENT: _____

LOCATION: _____ DATE(S): _____

ALL RECEIPTS MUST BE ATTACHED

	<u>NET AMOUNT</u>	<u>GST</u>	<u>TOTAL</u>
Hourly rate (\$____) x total hours (____)	\$ _____	\$ _____	\$ _____
Parking (attach or scan voucher)	_____	_____	_____
Other (please list and explain):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL EXPENSES	\$ _____	\$ _____	\$ _____

PAY TO: _____

ADDRESS: _____

CITY, PROVINCE: _____

POSTAL CODE: _____

DIRECT DEPOSIT * (circle one): Yes No

SIN # OR CRA Business #: _____

HST/GST Registration #: _____

* Direct Deposit account must already exist with CPAWSB. Email scoates@cpawsb.ca (PEP) or chassan@cpawsb.ca (PREP) to set one up

I hereby submit the above reasonable expenses, incurred as an agent for, and on behalf of, CPAWSB.

Signature of Claimant:  Date: _____

Contractor expense forms and receipts will be accepted by email to scoates@cpawsb.ca (PEP) or chassan@cpawsb.ca (PREP). Please note that incomplete forms may delay payment.

FOR CPAWSB OFFICE USE ONLY

REVIEWED BY: _____

DATE: _____

APPROVED BY: _____

DATE: _____

GL A/C	AMOUNT