



## EXPENSE CLAIM FORM

**GCIG Member Group:**

Please complete this form by typing in your responses. Please do not handwrite.

<b>Beneficiary (an address must be provided for wire transfers):</b>								
Name:								
Complete Home Address:								
Email Address:								
Phone number:								
<b>Banking Information (for wire transfers):</b>								
Beneficiary Bank:								
Complete Bank Postal Address:								
IBAN number:								
SWIFT Code:				Bank Account number:				
Other Information:								
<b>EXPENSES:</b>								
	Date (yy/mm/dd)	Details:				Currency	Amount	
<b>Transportation:</b>		Air <input type="checkbox"/>	Taxi <input type="checkbox"/>	Rental <input type="checkbox"/>	Other <input type="checkbox"/>			
		Air <input type="checkbox"/>	Taxi <input type="checkbox"/>	Rental <input type="checkbox"/>	Other <input type="checkbox"/>			
		Air <input type="checkbox"/>	Taxi <input type="checkbox"/>	Rental <input type="checkbox"/>	Other <input type="checkbox"/>			
		Air <input type="checkbox"/>	Taxi <input type="checkbox"/>	Rental <input type="checkbox"/>	Other <input type="checkbox"/>			
			Personal Car <input type="checkbox"/> Mileage:					
			subtotal:					
<b>Accommodation:</b>		Hotel Name:						
		Address:						
		subtotal:						
<b>Meals:</b>		Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>				
		Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>				
		Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>				
		Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>				
		subtotal:						
<b>Other:</b>		Purpose:						
		Purpose:						
<b>TOTAL:</b>								
Amount in currency requested by attendee:								
<b>Signature:</b>						<b>Date:</b>		

Please send this form with copies of all receipts, boarding passes, proofs of purchase, etc. to:

Katherine Bennett  
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 Phone: (00)1-613-539-6456