

CAPC & CPNP Projects Expense Claim 2024 -2025

PLEASE PRINT CLEARLY	PARTICIPANT/PROJECT
NAME	
PHONE #	
PROJECT NAME	
CAPC OR CPNP	

Please indicate whether the cheque is made out to:
you ___ or the project ___. Please indicate which one.

YOUR NAME or ORGANIZATION'S NAME	
MAILING ADDRESS	

Travel	\$0.51 per km	Total km	\$ claimed
Flight/Bus (include receipt)			
Taxi or parking (include receipt)			
Meals, amount listed below indicates maximum amount to be paid out			
Breakfast: maximum allowable amount with receipts \$15.00 (if not included with meeting/conference)			
Lunch: maximum allowable amount with receipts \$18.00 (if not included with meeting/conference)			
Dinner: maximum allowable amount with receipts \$30.00 (if not included with meeting/conference)			
TOTAL PAYABLE			

SIGNATURE:

Please email or mail to:
Alberta Parenting for the Future Association
P. O. Box 2695
5600 – 50 Street
Stony Plain, AB T7Z 1Y2
Tel: 780-963-0549, Fax: 780-963-3876
Email: angie@apfa.ca