GLOOSCAP First Nation

Continuous Professional Development / Training Fees Reimbursement

Date Paid	Organization / Vendor	Description	Course Name	Invoice / Order / Receipt No.	Original Amount	Currency	CAD Amount Charged	Notes
					$	CAD	$	
				Total Reimbursement Requested			**$**	

Approval Details	**Information**
Total Reimbursement Amount	**CAD $**
Submitted By:	
Submission Date:	
Approved By:	
Position / Title:	
Signature	_____
Date Approved	_____

Receipts, registration confirmations, and proof of payment/CAD charges are attached for reference.