



# UNITED FOSTER PARENTS OF CANADA CORPORATION OUT OF TOWN EXPENSE REQUEST

CAS Agency: \_\_\_\_\_  
(Please complete all shaded areas)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Member Number: \_\_\_\_\_

## Expenses:

<b>Hotel:</b> (Maximum \$ 85.00 Including Taxes)	<b>Dates:</b>	<b>Cost:</b>
<b>Sub Total A:</b>		<b>\$</b>
<b>Parking:</b>	<b>Dates:</b>	<b>Cost:</b>
<b>Sub Total B:</b>		<b>\$</b>
<b>Gasoline:</b>	<b>Dates:</b>	<b>Cost:</b>
<b>Sub Total C:</b>		<b>\$</b>
<b>Totals A + B + C =</b>		<b>\$</b>

For Office Only

<b>Approved By:</b>	<b>Initials</b>	<b>Date:</b>
<b>1.</b>		
<b>2.</b>		
<b>Cheque #</b>	<b>By:</b>	<b>Date:</b>

Instructions: Mail to UFPCC, 1 Bridge Street, East, Suite 410, Belleville, ON K8N 5N9 OR Email:  
[office@ufpcc.com](mailto:office@ufpcc.com)