

**OFFICE OF THE COMMISSIONER OF REVIEW TRIBUNALS (OCRT)
CANADA PENSION PLAN / OLD AGE SECURITY (CPP/OAS)**

Appellant and Added Party Travel Expense Claim

Program:

Name: _____ **Hearing Date:** _____
Tel. #: _____ **Hearing Time:** _____
Address: _____ **Hearing Location:** _____

New Address: _____ **Meeting Room:** _____
 (if applicable) _____ **Tel. #:** _____
Appeal #: _____

DEPARTED HOME (time)	HEARING (time)	ARRIVED BACK HOME (time)
At _____ am or pm	Started at _____ am or pm	At _____ am or pm
Date: _____	Ended at _____ am or pm	Date: _____

EXPENSES	Please do not complete the shaded area.	(FOR OFFICE USE ONLY)
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PRIVATE VEHICLE		
Total kilometres driven (return trip) _____	\$ _____	\$ _____
PARKING, TAXI, TRAIN, AIR, BUS	\$ _____	\$ _____
(original receipts, travel itineraries and boarding passes required)		
Airline tickets and train tickets must be arranged through the OCRT.		
PHOTOCOPYING CHARGES (original receipts required)	\$ _____	\$ _____
OTHER CHARGES (please explain) _____	\$ _____	\$ _____

MEALS (please specify)	Breakfast:	\$ _____
No receipts are required.	Lunch:	\$ _____
ACCOMMODATION	Dinner:	\$ _____
All expenses for overnight accommodation must be pre-authorized by Financial Services.	Incidentals:	\$ _____
<i>I certify that the above travel expenses were incurred by me for the purpose of attending the Review Tribunal hearing and that they are accurate and true.</i>		

SIGNATURE X: _____

For assistance, call Financial Services at 1-800-363-0076.

**MAIL THE COMPLETED CLAIM IN THE ENCLOSED
PRE-ADDRESSED ENVELOPE TO:**

Office of the Commissioner of Review Tribunals CPP/OAS
PO Box 8250, Station "T", Ottawa, Ontario K1G 5S5

Document ID: _____

Date Input: _____

Section 33 Signature: _____

Date: _____

KILOMETRES/OTHER TRAVEL COSTS

TOTAL: \$ _____

CERTIFIED PURSUANT TO SECTION 34 OF THE FINANCIAL ADMINISTRATION ACT (FAA).

Signature: _____ Date: _____