



## EXPENSES CLAIM FORM

Appeal CP: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Date of Hearing: \_\_\_\_\_

Location: \_\_\_\_\_

Departed Home	Hearing	Arrived back home
At _____ a.m. or p.m. Date: _____	Ended at _____ a.m. or p.m. Date: _____	At _____ a.m. or p.m. Date: _____

All allowable expenses are fixed by Treasury Board Policy and are subject to change. Expenses incurred by witnesses are not covered.

**Enquiries and Claims should be directed to:**

**Pension Appeals Board  
P.O. Box 8567 Station 'T'  
Ottawa ON K1G 3H9  
[www.pab-cap.gc.ca](http://www.pab-cap.gc.ca)**

**Tel: 1-888-640-8001**

**Fax: (613) 995-6834**

**E-mail: [info@pab-cap.gc.ca](mailto:info@pab-cap.gc.ca)**

# EXPENSES CLAIMED

**MEAL EXPENSES:** No receipts required \$ \_\_\_\_\_ . \_\_\_\_

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
<b>\$13.45</b>	<b>\$12.65</b>	<b>\$35.90</b>

**MILEAGE:** **Private vehicle:** Total \_\_\_\_\_ km (return trip) @ \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_

Mileage is paid when driving a private vehicle to the hearing. If you are unable to attend and someone else is going to appear alone on your behalf, please call the office for further information.

**PARKING, TAXI, BUS, FERRY, TOLL:** Original receipts required \$ \_\_\_\_\_ . \_\_\_\_

**LEGAL FEES:** Original receipts required \$ \_\_\_\_\_ . \_\_\_\_

**RATES: \$200.00 for ½ a day or \$300.00 for 1 day**

Payable only if you are represented at the hearing by a qualified lawyer and are successful with the appeal

**If The Minister Is Appealing:**

Same allowable expenses are payable to you and your lawyer. Legal fees will be paid whether you are successful or NOT with the appeal.

**LOSS OF WAGES:** Payable only with written confirmation by your employer \$ \_\_\_\_\_ . \_\_\_\_

Hotel accommodation & airfare will be prepaid for you if the hearing is at a substantial distance

**TOTAL:** \$ \_\_\_\_\_ . \_\_\_\_

I certify that the amounts included in this claim were incurred on attendance before the Pension Appeals Board

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

Certified pursuant to Section 34 of the Financial Administration Act

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_