

**FORM 2**

**SUMMARY OF DISBURSEMENTS**

_____ Board File Number	_____ Party Name
_____ Party or Group that made the disbursement	

	Net Cost	GST	
Photocopies			
Printing			
Fax			
Courier			
Telephone			
Postage			
Transcripts			
Travel: Air			
Travel: Car			
Travel: Rail			
Travel: Other (Parking)			
Taxi or Airport Limo			
Accommodation			
Meals			
Other (                    )			<b>Grand Total</b>
<b>Sub-totals</b>			

**Notes** 1. All claims for disbursements must include receipts where practicable.  
 2. All claims must be in Canadian dollars. If applicable state exchange rate \_\_\_\_\_ and country of initial currency