THE CANADIAN
BAR ASSOCIATION
Saskatchewan Branch

REIMBURSEMENT EXPENSE FORM

PLEASE ATTACH RECEIPTS WHERE APPLICABLE

NAME: _____ **DATE**: _____

FIRM: _____

EMAIL: _____

EVENT/MEETING: _____
(please include date of the event/meeting)

If you have not provided your EFT information already, PLEASE COMPLETE AND RETURN THE ELECTRONIC FUNDS TRANSFER APPLICATION FOR VENDORS ATTACHED TO THIS FORM.

DESCRIPTION	EXPENSE	GST	TOTAL
Accommodation			
Airfare			
Cab/Ground Transportation			
Meals			
Mileage _____ kms *			
Registration			
Parking			
Other			
TOTAL	$	$	$

CBA Saskatchewan Reimbursement Policy

1. Mileage at the established PSC/Treasury Board rate and parking (parking receipts required).

2. Other expenses as approved in advance.

*Complete the mileage portion and the Branch Office will calculate expense at the current rate.

Claims, with supporting documents, must be submitted in writing within fifteen (15) days of the event.

Office Use Only:
Account:

Memo:

Revised August 2022

Electronic Funds Transfer
Application for Vendors

CBA Saskatchewan is pleased to provide Electronic Funds Transfer (EFT) for all vendor related payments. In order to set up this method of payment, please complete, sign and return this form to admin@cbasask.org to set up Electronic Funds Transfer from CBA Saskatchewan. For each payment made by EFT, a payment confirmation will be sent by email to the email address indicated below.

Vendor Information

Individual/
Organization Name: _____

Address: _____

City/Town/PC _____

Contact Name: _____

Direct Deposit

If available, please provide either a copy of a *void cheque* or *bank account verification* from your bank clearly statingyour Bank ID, Transit ID and Account Information.

Bank ID (3 Digit Number)	**Transit ID (5 Digit Number)**	**Account Number (up to 12 digits)**
_____	_____	_____

Bank Name: _____

Bank Address: _____

When the electronic funds transfer is created an email will be generated to provide details of the payment. Please indicate in the space below the email address you would like the EFT advice sent to.

Email Address: _____

I hereby authorize CBA Saskatchewan to initiate deposits to the financial institution as indicated above.

Authorized Signature: _____   **Date:** _____

Printed Name: _____   **Title:** _____

Upon completion please email this form to admin@cbasask.org.