



## EXPENSES CLAIM FORM

**Appeal:**

**Name:**

**Address:**

**Date of Hearing:**

**Location:**

Departed home	Hearing	Arrived back home
At _____ a.m. / p.m. Date _____	Ended at _____ a.m. / p.m. Date _____	At _____ a.m. / 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: 1-877-666-8510

email: [info@pab-cap.gc.ca](mailto:info@pab-cap.gc.ca)

# EXPENSES CLAIMED

**MEALS EXPENSES:** No receipts required \$ \_\_\_\_\_.  
**Breakfast**                      **Lunch**                      **Dinner**  
**\$15.05**                              **\$14.15**                      **\$39.85**

**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 \$ \_\_\_\_\_.

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

**HOTEL ACCOMMODATION & AIRFARE:**    Will be prepaid for you if the hearing is  
at a substantial distance

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:** \_\_\_\_\_