



# Labour Adjustment & Education Fund

## EXPENSE FORM

<b>Last Name:</b>	<b>First Name and Initial(s):</b>	
<b>Address:</b>	<b>City:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>Email:</b>	
<b>Union Affiliation:</b>		

Course Date (YYMMDD)	Tuition Amount	Course Books Amount	Other Course Related Expense Amount	Description/Explanation
<b>TOTALS</b>		+	+	=

### Freedom of information and protection of privacy - Declaration

**I understand that:** The purpose of the Joint Community Social Services Labour Adjustment and Education Fund is workforce development which will benefit the community social services sector.

**I declare that:** The information that I have provided in this application form is, to the best of my knowledge, correct and complete, and that the amounts listed are for education or retraining that I received or that I will be receiving.

**I agree that:** I may be asked to repay some or all of the monies if I fail to complete a course or courses without justification.

**I recognize that:** If I receive money from the Joint Community Social Services Labour Adjustment and Education Fund, and I have received Employment Insurance (EI) as a result of a layoff, EI may attempt to recover the monies paid to me. (Please contact your local EI office for further details.)

**I understand that:** The information I have provided will be used to determine my eligibility for funding from the Joint Community Social Services Labour Adjustment and Education Fund.

**I agree that:** By signing below I give permission for the exchange of information between The Fund, The Fund Administrator (BCGEU), my employer, educational institutions, and other funding sources for the sole purpose of verifying and/or investigating information in this application and related documents.

**I agree that:** I will participate in a follow-up survey to help the Joint Community Social Services Labour Adjustment and Education Fund Committee determine the success of the program.

**I certify that:** the above is a true statement of disbursements made by me for the reasons noted above.

**I certify that:** I have attached to this form detailed receipts which clearly document the nature and timing of the goods or services provided, the dollar value for each service, proof that I paid these amounts, and, for educational services, the fact that I am the recipient of the services.

Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST BE SIGNED MANUALLY BY RECIPIENT AND SUBMITTED WITH RECEIPTS**

<b>Office Use Only</b> PAYMENT APPROVED BY FUND ADMINISTRATOR		
<b>Signature:</b>	<b>Name:</b>	<b>Date:</b>