

Stakeholder Consultation Funding
 Distribution and Transmission Rate Applications



Disbursements Claim Form

Disbursements arising from preparation/attendance at meeting dated _____

INTERVENOR NAME		NAME OF ATTENDEE	
	Net Cost	GST	Total
Photocopies			
Printing			
Fax			
Courier			
Telephone			
Postage			
Transcripts			
Travel: Air			
Travel: Car			
Travel: Rail			
Travel: Other			
Taxi or Airport Limo			
Accommodation			
Meals			
Other ()			
TOTALS			

**Note: All claims for disbursements must include receipts where applicable.
 All travel costs should be economic fare rates.**