



STATEMENT OF EXPENSE

Form # CSSEF- _____ **-** _____
(UNION) (REF #)

Please use ink and print clearly.

Name: _____

Address: _____

City: _____ Postal code: _____

Home phone: _____ Work phone: _____

E-mail address: _____ Union affiliation: _____

DATE YY MM DD	TUITION AMOUNT	COURSE BOOKS AMOUNT	OTHER COURSE RELATED EXPENSE AMOUNT	DESCRIPTION / EXPLANATION
TOTALS		+	+	= GRAND TOTAL

Privacy declaration and signature

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

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.

Applicant's Signature: _____ **Name** _____ **Date:** _____

Office use only:

Payment Approved by Fund Administrator

Signature: _____ **Name:** _____ **Date:** _____