



(Appendix 2)

CONFERENCE REIMBURSEMENT REQUEST FORM

Name of CIPHI Member: _____

Mailing Address: _____

Employer: _____

Conference Attended: _____

Conference Location: _____

Conference Date: _____

To Be Completed By Applicant

Total Conference Costs	
Amount Paid by Employer(s)	
Difference	
Total registration costs	

For Branch Use Only

Allowable Registration Costs	
Amount paid by MB Branch	

Certification by Applicant:

I certify that the amounts noted above are an accurate account of incurred costs.

Signature of Applicant

Certification of non-payment or partial payment by Employer:

As supervisor/manager of the above listed employee, on behalf of the employer, I do certify that the amount paid by employer for the applicant to attend the AEC is as indicated above.

Signature of Supervisor/Manager