

Review CPSA's [Summative Assessment Expense Policy](#).

Name: \_\_\_\_\_ Payee address: \_\_\_\_\_  
 CPSA Registration #: \_\_\_\_\_  
 GST # (if applicable): \_\_\_\_\_

**Payment made to**

Self                       Professional Corporation:  
 Name: \_\_\_\_\_  
 GST # (if applicable): \_\_\_\_\_

**Payment method**

Electronic Funds Transfer (EFT) - [See our EFT Direct Bank Deposit Authorization Form](#).

**Nature of services rendered (Customer: College of Physicians & Surgeons of Alberta)**

Description of service: \_\_\_\_\_  
 Member for Summative Assessment: \_\_\_\_\_  
 Date(s) of service rendered: \_\_\_\_\_  
 Location: \_\_\_\_\_

<b>Claim for expenses (receipts required, except for meal allowance)</b>		For office use only 006-0590-1010
Mileage	\$	5760
Air fare (\$500/Flight)	\$	5760
Taxis/parking	\$	5760
Meals (\$90/day)	\$	5520
Accommodation (\$310/night)	\$	5210
<b>Billable hours</b>		
Consultant rate \$200/hr x _____ =		5340
Travel rate \$180/hr x _____ =		5340
<b>GRAND TOTAL</b>		\$

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign and return completed invoice to [suma@cpsa.ab.ca](mailto:suma@cpsa.ab.ca).**