

YOUNG CANADA WORKS - HERITAGE PARTICIPANT TRAVEL EXPENDITURES REIMBURSEMENT CLAIM FORM

PART A - EMPLOYER PROFILE			
Legal Name of Organization		Employer Code (assigned by program)	
Name of Project Coordinator		Title of Project Coordinator	
Street address		City / Town	Prov./Terr. Postal Code
Telephone ()		Email	
PART B - PARTICIPANT PROFILE			
Program JCT <input type="checkbox"/> Summer Jobs (YCW in Heritage Organizations) <input type="checkbox"/> Graduate Internships (YCW at Building Careers in Heritage)			
Family Name of Participant		Given Name	Initial(s)
Permanent Address Street address _____ City _____ Prov/ Terr. _____ Postal Code _____ Tel. (____) _____ Email _____		Temporary Address during the YCW job (temporary residential address) Street address _____ City _____ Prov./Terr. _____ Postal Code _____ Tel.(____) _____ Email _____	
PART C –TRAVEL OPTIONS			
To help us in the assessment of this claim, please indicate which public carrier options are nearest to the participant's permanent address and that of the YCW job.			
Nearest to Participant Permanent Address Bus station location _____ Train station location _____ Airport _____		Nearest to YCW Job Address Bus station location _____ Train station location _____ Airport _____	
PART D - CLAIM FOR TRANSPORTATION			
Start Date of Job ____ ____ ____ day month year		End date of Job ____ ____ ____ day month year	
Claim is for : <input type="checkbox"/> Travel to the YCW job site (outbound) <input type="checkbox"/> Travel from YCW job site (return home)			
TRAVEL TO YCW JOB SITE		TRAVEL FROM YCW JOB SITE	
Origin of travel <input type="checkbox"/> Permanent address <input type="checkbox"/> College/University: _____ <input type="checkbox"/> Other: _____		Destination of travel <input type="checkbox"/> Permanent address <input type="checkbox"/> College/University: _____ <input type="checkbox"/> Other: _____	

Date of travel ____ ____ ____ day month year	Distance travelled _____ km	Date of travel ____ ____ ____ day month year	Distance travelled _____ km
Mode(s) of actual travel <input type="checkbox"/> Bus → attach all receipts <input type="checkbox"/> Train → attach all receipts <input type="checkbox"/> Airline → attach all receipts <input type="checkbox"/> Personal vehicle → attach all receipts Distance of Connecting Travel (Station/Airport to Final Destination if applicable) _____ km		Mode(s) of actual travel <input type="checkbox"/> Bus → attach all receipts <input type="checkbox"/> Train → attach all receipts <input type="checkbox"/> Airline → attach all receipts <input type="checkbox"/> Personal vehicle → attach all receipts Distance of Connecting Travel (Station/Airport to Final Destination if applicable) _____ km	

YCW participants are expected to choose the most economical means of transportation and accommodations en route. The delivery organization reserve the right to reimburse claims based on the most economical means of transportation and accommodations available. *Please attach a note of justification if an alternative mode of transportation/accommodation en route is desired, for example, travel to/from another address (college/university) or the use of a personal vehicle.*

PART E - CLAIM FOR EN-ROUTE ACCOMMODATIONS

Were en-route accommodations required?

No Yes → attach all original receipts with a note explaining why this was required

PART F - DECLARATION

Certification by Participant

I, _____, certify that all
[name - please print]
the information above is accurate and that the transportation and en route accommodation expenses identified above were incurred by me as a result of my participation in *Young Canada Works*.

Signature of Participant

Date

Certification by Employer

I, _____, certify that the
[name - please print]
participant identified above is/was employed for the period indicated in a YCW-Heritage job and that the transportation and en-route accommodation expenses identified above were incurred by the participant as a result of their participation in *Young Canada Works*.

Signature of Employer

Date

Once completed and signed by both parties, forward this form to the applicable Delivery Organization