

Early Childhood Education Council

Speaker Expense Voucher (10/19)

Please Use Black Ink Only When Sending Electronically

Name _____ Date _____

Address _____
E-mail: _____
Postal Code _____ Phone: _____

(to be completed by Regional)

PD/Workshop Title _____
Dates _____ Location _____

Honorarium: _____
Travel: _____
Supplies (attach receipts): _____
Other (attach receipts): please list _____

Total Expenses _____

Signature: _____

Tax Reporting Form Completed _____

Cheque Number _____
Date Issued _____