

PEER ASSESSOR PER DIEM AND EXPENSES INVOICE

*For auditing purposes, please note: Provide to CCO receipts, not credit card receipts. CCO will not pay expenses without receipts.
All per diems must be received within 90 days of assessment completion and/or 30 days from the end of the fiscal year.
Maximum two assessments per day unless extenuating circumstances have been approved by QA Committee.
Mileage is reimbursed at a rate that is in accordance with the [Canada Revenue Agency](#).
Please identify any extenuating circumstances on a separate page.*

Name: _____

Address: _____
(include postal code) _____

Tel.: _____ Fax: _____

To: **College of Chiropractors of Ontario**
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7

Member assessed: _____

Starting point address: _____

Address of assessment: _____

Ending point address: _____

Date of assessment: _____

Length of assessment: From: _____ To: _____

Date submitted to CCO: _____

Assessment per diem: \$408

EXPENSES

Travel – Car: _____ km. x \$ 0.72 _____

Taxi / Parking: _____

Air Fare: _____

Accommodation / Meals: _____

Maximum submission allowed:

Breakfast \$25

Lunch \$35

Dinner \$50

Total: _____

Total Claim (per diem + expenses): _____

I hereby certify that the above to be an accurate and complete statement of expenses.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Registrar's Approval: _____ Date: _____