



Date: _____

Name of Group Meeting: _____

LAST NAME	FIRST NAME	SIGNATURE	HOURS	MSP #	*Y for HST	Address if not on file

*If HST applicable, pls. ensure we have your HST[#] on file.

Approved by: Division Lead

Fax to Margaret English, Coordinator 604-984-3746 or email menglish@divisionsbc.ca

Note: By signing above, you will not be required to fill out a separate sessional claim for the hours claimed above.

PRINT NAME

SIGNATURE