



Tracking number: *(internal use only)*

COMMITTEES DIRECTORATE
DIRECTION DES COMITÉS

Rates effective October 1, 2024

Senate Committee Witness Expense Claim Form

Instructions

1. Review the [Senate Committee Witness Expense Claim Procedure and Guidelines](#).
2. Fill out all relevant fields of this form with the details of your expenses.
3. Sign the form.
4. Submit this form to the clerk of the committee with all supporting documentation **no later than 60 calendar days** following your appearance. You can send it by email or by regular mail (postage free) to:

Committees Directorate
The Senate of Canada
Ottawa, Ontario
K1A 0A4
Canada

A. Witness information *(required)*

Name:

Committee:

Organization: *(if applicable)*

Date of appearance:

B. Reimbursement information *(required)*

Reimbursement payable to:

Method of reimbursement payment:

Telephone:

Email address:

Mailing address

Street and number:

Apartment/suite:

City/town:

Province/state:

Postal/zip code:

Country:

Headset

Refer to section 4.0 of the guidelines. Ensure that you include copies of all receipts when you submit your claim.

Approved headset amount claimed:

Accessibility accommodations *(requires pre-authorization by the clerk of the committee)*

Refer to section 5.1 of the guidelines. Ensure that you include copies of all receipts when you submit your claim.

Accessibility accommodations amount claimed:

Mental health support and counselling *(for internal use: 8310)*
(requires pre-authorization by the clerk of the committee)

Refer to section 5.2 of the guidelines. Ensure that you include copies of all receipts when you submit your claim.

Mental health support and counselling amount claimed:

Other – please specify *(requires pre-authorization by the clerk of the committee)*

Other amount claimed:

Total of expenses claimed:

Additional information: *(if applicable)*

D. Witness certification *(required)*

I hereby certify that I have expended the amounts indicated or that the amounts were expended by me or on my behalf by the organization that I represent; that the account stated herein is correct and final in all respects; and that the expenses were incurred as a result of appearing before the above committee. I further certify that none of these expenses have been or will be claimed from any other source.

Date:

Signature of witness:

E. Direct deposit authorization *(optional)*

Please complete this section if you would like to register for direct deposit (or if the banking information that you have previously submitted has changed). Please attach a void cheque (or a photocopy/image of it) from your bank. This option can only be used for payments deposited in Canada. An email will be sent to the email address you provided in Section B of this form to notify you of the direct deposit.

I, as the person entitled to receive the payments or as their representative, authorize the Receiver General for Canada to deposit payments directly into the bank account information associated with the attached cheque (or photocopy) until further notice.

Date:

Signature of witness:

F. Internal certification *(to be completed by the clerk of the committee)*

Certified pursuant to Rule 12-24 of the *Rules of the Senate* that the witness appeared before the committee by invitation or summons.

Date:

Signature of chair or clerk of the committee:

Committee reference number:

Order of reference: *(number of bill or special study reference)*

Date received by clerk:

Date sent to Finance:

Notes: