



Personal/Payee Information					
First Name		Last Name			
Email Address		Phone Number (optional)			
Course Information					
ER/UPCC Assessor Trai	\$180.00				
Course Name		Honorarium An	nount	Date Comp	leted
Payment Information					
Payment Instructions: To ensure security and efficiency, all deposit form from your preferred ba		und Transfer (EFT). Pl	lease attach a	copy of your <u>v</u>	roid check or direct
Payee Signature		Date Signed			
PRA-BC Approval (internal use only)	Certified this expense claim is a true of disbursement made and/or allowance entitled as a result of PRA-BC busines and for which I have not been, and when by another party.	es to which I am s as detailed above	Amount ow Claimant/Pl		\$180.00

Please submit your **Certificate of Completion** along with this form