

**THE ANGLICAN CHURCH OF CANADA  
THE CONTINUING EDUCATION PLAN - APPLICATION FOR REIMBURSEMENT  
(ACTIVE EMPLOYEES)**

**PART I - TO THE ADMINISTRATOR, THE CONTINUING EDUCATION PLAN (PLEASE PRINT)**

Employee's Name: \_\_\_\_\_ Diocese/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Reimbursement requested for one or more of the following: (details and a copy of receipt must be attached)

- Name of Program/Course \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Location: \_\_\_\_\_  
Commencing: \_\_\_\_\_ and ending \_\_\_\_\_
- Books and Journals \_\_\_\_\_
- Computer Hardware/Software \_\_\_\_\_
- Equipment \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Application Amount \$ \_\_\_\_\_ (max. 80% of Total Cost)

How will this expenditure be of benefit to your employer?

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby confirm that the above expenditure confers a benefit upon the employer.

SIGNATURE OF BISHOP/DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

---

**PART II - TO THE EXECUTIVE DIRECTOR**

The contributions for the current year amount to \$ \_\_\_\_\_ and cover the period \_\_\_\_\_  
(dates)

I hereby authorize the Pension Office to transfer the contributions from the Diocesan/Employer Suspense Account to the Employee's credit

\_\_\_\_\_  
Diocesan Treasurer/Director

---

**PART III - PENSION OFFICE USE ONLY**

ACCOUNT HOLDER'S ACCUMULATION : \$ \_\_\_\_\_  
BONUS FOR USAGE : \$ \_\_\_\_\_  
AMOUNT OF CHEQUE : \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator/Continuing Education Plan