Federation Travel Subsidy Application

THE FEDERATION
of COMMUNITY SOCIAL SERVICES *of* BC

Agency Name: _____

Name of Representative: _____

Agency Address: _____

_____ Postal Code: _____

Mailing Address (If Different From Above): _____

_____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Travel Subsidy Is Requested For: _____
(Date)

Title of Event(s) Attending: _____

Name of Attendee: _____
If other than Representative

The agency (noted above) meets the eligibility criteria and agrees to the expectations as indicated in the Travel Subsidy Policy.

_____ _____
Signature Date of Application

If submitting through email:

I, _____, hereby acknowledge my authority to act on behalf of the above named agency, and declare the above information to be correct to the best of my knowledge.

Please email or fax the application to The Federation office to: accounting@fcssbc.ca or 250.480.7396.