

Georgian Bay Cancer Support Centre
 GAP (Gas, Accommodations, & Parking) Funding Application Form

Eligibility criteria for GAP program funding can be found in the GBCSC GAP Funding Disbursement Policy. Any application for funding must be accompanied by a completed GAP Funding Application Form signed by the funding applicant (GBCSC member) **and relevant supporting documentation.**

Member Name: _____ Home Address: _____
 Application Date: _____
 Member Phone No: _____

Section 1: Request for mileage reimbursement and/or pre-paid gas cards

Outline all upcoming appointment information for which financial assistance via gas cards is being sought and all past travel (within the past 90 days) for which reimbursement is being sought.

| GBCSC member to complete these sections | | | Staff use only | | Prepaid |
|---|------------------------|-------------------|----------------|--------|---------|
| Date of travel | Address of Destination | Reason for travel | Total KM* | \$\$\$ | \$\$\$ |
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| Total ; | | | | | |

* Distance travelled shall be calculated as the most direct driving route (excluding toll routes) between the home address of the member submitting the application and the address of the eligible destination.

Section 2: Request for Parking Expense Reimbursement

Outline all parking fees incurred as a result of cancer treatment related appointments

| Date of purchase | Location | Nature of Appointment (ie "treatment") | Amount spent |
|---|----------|--|--------------|
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| Staff Use - Total Reimbursement: | | | |

Member statement of truthfulness

I confirm that the information submitted in this application is, to the best of my knowledge, accurate and free from

Applicant Signature: _____ Date: _____

To Be Completed by Staff

| | |
|-----------------------------|--|
| Gas cards provided: | |
| Mileage reimbursement: | |
| Parking reimbursement: | |
| Total Reimbursement: | |

Approved by: _____

Signature: _____

Date: _____