

## **Request For Reimbursement of Dependant Care Expenses**

Participants at CAUT meetings and events, where CAUT underwrites the cost to attend, may apply for reimbursement of costs associated with providing alternative care for dependants who rely primarily upon them for physical care.

Notice of such arrangements, including an estimate of the costs, must be made to the CAUT office at least two weeks prior to the commencement of the event, on the form provided below.

Normally care arrangements made by individuals will be at their place of residence. However, if requested, the CAUT office will assist participants in locating lists of care providers which participants can contact directly with respect to providing care in the city in which the event is being held.

Please note that all contractual arrangements must be made by the individual directly with such providers and CAUT bears no responsibility or liability for the actions of caregivers.

**IMPORTANT:** You will need **Adobe** or **Adobe reader** in order to complete this form. If you do not currently have **Adobe**, please **<u>click this link</u>** to download a free version of **Adobe reader**.

Delegate	
CAUT Event	
Date of Event	_
□ I require dependant care for (#) days at an estimated cost of \$ per da	y.
I acknowledge that CAUT bears no responsibility or liability for the dependant or for the actions of caregivers.	
Signature Date	_

Please forward the completed form to Executive Services (events-evenements@caut.ca)

