



PUBLIC STATEMENT OF SPONSORED TRAVEL BY MEMBERS

By completing this form, you are satisfying the requirements of subsection 15(1) of the *Conflict of Interest Code for Members of the House of Commons*. Should you require any assistance in filling out this form, please contact the Office of the Conflict of Interest and Ethics Commissioner at 613-995-0721.

15(1) If travel costs exceed \$200 and those costs are not wholly paid from the Consolidated Revenue Fund or by the Member personally, his or her political party or any parliamentary association recognized by the House, the Member shall, **within 60 days after the end of the trip**, file a statement with the Commissioner disclosing the trip.

15(2) The statement shall disclose the name of the person or organization paying the travel costs, the name of any person accompanying the Member, the destination or destinations, the purpose and length of the trip, the nature of the benefits received and the value, including supporting documents for transportation and accommodation.

Source: *Conflict of Interest Code for Members of the House of Commons*

Name of Member: _____

Name of any person accompanying the Member (if any):

Destination(s): _____

Purpose of the trip: _____

Sponsor of trip (official name): _____

Dates (yyyy / mm / dd): From: _____ To: _____ (____ days)

Benefits received:

<u>Nature</u>			<u>Value</u>	<u>Description</u>
Gifts	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$ _____	_____
Transportation	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$ _____	_____
Accommodation	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$ _____	_____
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$ _____	_____

☐ I am including supporting documents for transportation and/or accommodation.

☐ I was unable to obtain supporting documents for transportation and/or accommodation.

This declaration is made with the knowledge that a certified copy will be placed in the public registry maintained by the Office of the Conflict of Interest and Ethics Commissioner.

Signature _____

Date _____