

## TRANSLATION EXPENSES REIMBURSEMENT APPLICATION FORM

### GUIDELINES

Only **translation expenses** are eligible for reimbursement. Writing, editing or other related expenses will not be reimbursed. The Council does **not** reimburse translations done internally by the organization's employees. The translator's invoice, **indicating the number of words translated**, must be attached. The Canada Council reserves the right to reimburse only part of the expenses claimed if the amount charged does not correspond to current market rates. The maximum eligible amount includes taxes.

### APPLICANT INFORMATION

Name of organization		GST number <i>(if you do not have one, please say so)</i>	
Address		Telephone number	
City	Province	Postal Code	

### TRANSLATION INFORMATION

Program component			Competition deadline (MM/DD/YY)	
Name of translator	Source language <input type="checkbox"/> EN <input type="checkbox"/> FR	Target language <input type="checkbox"/> EN <input type="checkbox"/> FR	Number of words translated	

### CONTACT INFORMATION

Contact person's name	Title / Role	Email address	
<input type="checkbox"/> I have read the guidelines above and confirm that the information in the translator's invoice is accurate and complete.			Date (MM/DD/YY)

### HOW TO SUBMIT

Send this form with the translator's invoice either by email or by regular mail.  
 Email: See [canadacouncil.ca/contact/officers](http://canadacouncil.ca/contact/officers) to find the email address for the program.  
 Mail: Send to the Canada Council for the Arts, 150 Elgin St., Ottawa, ON, K1P 5V8

### THIS SECTION IS FOR INTERNAL USE ONLY – DO NOT COMPLETE

#### FOR THE PROGRAM ASSISTANT

Application number	Group number	Date received (MM/DD/YY)				
<input type="checkbox"/> I have made sure that the translation was uploaded to Sharepoint. <input type="checkbox"/> I have made sure that the organization's mailing address matches the address in ATS. <input type="checkbox"/> The translator's invoice is attached to this form.						
The maximum eligible amount for this translation is: <span style="margin-left: 100px;"><input type="checkbox"/> \$1,800</span> <span style="margin-left: 100px;"><input type="checkbox"/> \$2,000</span> <span style="margin-left: 100px;"><input type="checkbox"/> \$2,300</span>						
<b>Please submit payment requests through Broca.</b> <ol style="list-style-type: none"> <li>1. In the "Project Title" box, enter the application number, followed by the applicant's name and the group number.</li> <li>2. In the "Document Type" box, select "PAC document."</li> <li>3. In the "Work Type" box, select "Self-Translation."</li> <li>4. Upload the following documents to Broca before saving the request:           <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Completed form</td> <td><input type="checkbox"/> Original application</td> </tr> <tr> <td><input type="checkbox"/> Translator's invoice</td> <td><input type="checkbox"/> Translated application</td> </tr> </table> </li> </ol>			<input type="checkbox"/> Completed form	<input type="checkbox"/> Original application	<input type="checkbox"/> Translator's invoice	<input type="checkbox"/> Translated application
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<input type="checkbox"/> Translator's invoice	<input type="checkbox"/> Translated application					
Assistant's name		Date submitted (MM/DD/YY)				

#### PAYMENT INFORMATION – COMMUNICATIONS CONTENT ADMINISTRATOR

Broca number	Amount paid	POPS confirmation number	Date of payment (MM/DD/YY)
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