**Applicant** (First name LAST NAME)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SECTION 5 : COST ESTIMATION

## Complete the table.

|  |  |
| --- | --- |
| **Expenses details** | **Amount**  **($ CAN)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total\*** |  |

\* Even if your total exceeds $ 1,500, the network will issue the recipient a check for up to $ 1,500.

NB: Original invoices and boarding pass are required for refund.