

PEAK PERFORMANCE EXPENSE FORM (Cost Sharing)

AGENT: _____ DATE: _____

DESCRIPTION: _____

PAYABLE TO: NAME/COMPANY: _____

Category	GST	Total Cost	Split cost equally between agents Specific splits per agent
	_____	_____	

Initials	Agent Splitting Costs	% covered by CW	% Agent Split
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPROVAL: _____ **DATE:** _____

*****ALL ORIGINAL RECEIPTS MUST BE ATTACHED ***PROOF OF PAYMENT FOR REIMBURSEMENT**

IBPA

SHADOW SHEET

INVOICE # _____

POSTING DATE _____

Account	Division	Amount

GST _____

TOTAL _____