CUSHMAN & WAKEFIELD
Edmonton

PEAK PERFORMANCE
PRE-APPROVAL & EXPENSE FORM

AGENT: _____ DATE: _____

DESCRIPTION: _____

PAYABLE TO: NAME/COMPANY: _____

Receipt Breakdown

	Select a Category	Description (ex. Hotel)	Estimated Cost	Pre-Approved Y	Pre-Approved N	Actual Cost	CW%
1.				☐	☐		
2.				☐	☐		
3.				☐	☐		
4.				☐	☐		
5.				☐	☐		
6.				☐	☐		

PRE-APPROVAL: _____

APPROVAL: _____ **DATE:** _____

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

☐ **IBPA** ☐ **SHADOW SHEET**

INVOICE # _____

POSTING DATE _____

Account	Division	Amount

GST _____

TOTAL _____