

## **EXPENSES FOR REIMBURSEMENT**

	Please Print C	Clearly		
LAST NAME	FIRST NAME		Date:	
Email Address:		Telep	hone Number:	
Address:		Purpose & Date of	Trip:	
Program:		Currency of	Reimbursement:	
Name of Supervisor (for stu	dents and post-docs only):			

All claims must be accompanied by original itemized receipts.

180 Dundas Street West, Suite 1400, Toronto, Ontario M5G 1Z8 Fax: (416) 971-6169 Tel: (416) 971-4891

Please mail, fax or email your completed form & receipts to: claims@cifar.ca

Name of Supervisor	(for students and post-docs only):	

Date:	Description:	Receipt Encl.	Location of Expense (For Internal Use Only)	CAN\$ (incl. taxes, HST or GST, and/or PST)	US\$/ Other	HST (For Internal Use Only)	GST (For Internal Use Only)	For Internal Use Only	PST (For Internal Use Only)	For Internal Use Only
			Subtotals							

Signature of Claimant:	Approved (for internal use only):	
		TOTAL amount to be reimbursed:
Supervisor's signature (for students and post-docs only):		