



Canadian Federation of Medical Students
150 Isabella Street, Suite 149
Ottawa, ON K1S 1V7
Email CFMS by 31 May 2024
Unsigned, and late forms will not be processed.

Expense Reimbursement Request

Email to administrative@cfms.org from your school email account

Identification		
Make cheque out to:	Name	
Address to send cheque to:	Address, incl. unit #, city, province, zipcode	
School:	Item: CFMS 2nd Iteration Grant	Date:

Itemization of Expenses (no further specification necessary for this grant)		
Item	Description/Receipt ID	Amount (CDN \$)
1. Air/Train/Bus		-
2. Personal Auto	_____ Km @ \$0.575/km	-
3. Taxis/Uber		-
4. Parking		-
5. Lodging/Hotels		-
6. Meals		-
7. Conference registration fee		-
8a. Other (specify)	CFMS 2nd Iteration Support	\$150
8b. Other (specify)		-
8c. Other (specify)		-
Total		\$150

Statement of Claimant:

I hereby certify that I am a final year medical student at a Canadian Medical School who has participated in the CaRMS Match 2024 and am unmatched after the first iteration of the match.

Signature (inserted image accepted, typing name not accepted)

Date

Scotiabank, MD Financial Management and the Canadian Medical Association are proud to support this initiative, as part of their 10-year, \$115 million commitment to supporting physicians and the communities they serve across Canada.