



Travel Equity Fund Reimbursement Request

*** Instructions: www.cfms.org/what-we-do/finances/reimbursement-instructions ***

This form and receipt(s) are to be emailed to administrative@cfms.org. Please cc finance@cfms.org.

Identification		
Full Name: to make cheque out to		
CFMS Position / Office Held:		
Full Mailing address: (include postal code) to mail cheque to		
Event Location (city, province):	Meeting / Event / Item/: (separate claim for each)	Event Date:

Itemization of Expenses		
Item	Description/Receipt ID	Amount (CAD \$)
Travel from Departure City to Event City (intra-city travel excluded):		
Air / Train / Bus Fare		\$
Personal Automobile	_____ km x \$0.40/km (must not exceed the cost of economy airfare)	\$
City-to-City Expenses Total		\$
Partial Funding from Medical Student Society or Faculty of Medicine (only if applicable):		
Funding Promised/Received	Total amount (to be) received	\$
Other Expenses Than Above	which other expenses have to come out of the "total amount"	-/- \$
MMS Funding towards City-to-City Travel Expenses		\$
City-to-City Expenses -/- MSS Funding towards City-to-City Travel		\$
Have you included all related receipts (circle one)? YES / NO		

Statement of Claimant:

I hereby certify that the details of the expenses incurred are as stated, follow all relevant CFMS policy, and that none of the detailed expenses have been reimbursed from the CFMS or any other organization. I further agree that failure to deposit a reimbursement cheque before it is stale-dated (6 months after issue date) will result in a \$5.00 replacement fee.

Signature: _____
Typing of name not accepted. Image of signature accepted.

Date: _____