



Canadian Federation of Medical Students
267 O'Connor Street, Suite 401
Ottawa, ON K2P 1V3

E-mail to administrative@cfms.org by 31 May 2023
Partial, unsigned, and late claims will not be processed.

Expense Reimbursement Request

To be emailed to CFMS office from your school email account

Identification		
Make cheque out to:	Full Name	
Address to send cheque to: (E-transfer not possible)	Full Address, incl. unit #	
School:	Item: CFMS 2nd Iteration Grant	Date:

Itemization of Expenses (no further specification necessary)		
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 the details of the expenses incurred are as stated, and that none of the claimed expenses have been previously reimbursed.

Signature (inserted image accepted, typing not):

Date:

The Canadian Medical Association, MD Financial Management Inc. and Scotiabank together proudly support the CFMS 2nd Iteration Grant, one of several initiatives that comprise our 10-year, \$115 million commitment to supporting the medical profession and advancing health in Canada.