Expense Reimbursement Request

*To be emailed to CFMS office from your school email account*

|  |  |  |
| --- | --- | --- |
| **Identification** | | |
| Full Name: |  | |
| Full mailing address and telephone number: |  | |
| School: | 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 @ $0.40/km |  |
| 3. Taxis/Uber |  | |  |
| 4. Parking |  | | \_ |
| 5. Lodging/Hotels |  | | \_ |
| 6. Meals |  | | \_ |
| 7. Conference registration fee |  | | \_ |
| 8. Other (specify) | CFMS 2nd Iteration support | | $150 |
| 9. Photocopying |  | |  |
| 10. Mailing |  | | \_ |
| 11. Phone |  | | \_ |
| 12. 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: 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.