



## Expense Reimbursement Request

**\*Instructions:** [www.cfms.org/what-we-do/finances/reimbursement-instructions](http://www.cfms.org/what-we-do/finances/reimbursement-instructions) \*

**This form and receipts are to be emailed to [administrative@cfms.org](mailto:administrative@cfms.org). Please cc [finance@cfms.org](mailto:finance@cfms.org).**

Identification		
Full Name: <small>to make cheque out to</small>		
CFMS Position / Office Held:		
Full mailing address: (Include postal code!) <small>to send cheque to</small>		
Event Location (city, province):	Meeting / Event / Item/: (separate claim for each)	Event Date:

Itemization of Expenses		
Item	Description/Receipt ID	Amount (CAD \$)
1. Air / Train / Bus Fare		
2. Personal Automobile	_____ km x \$0.40/km (must not exceed the cost of economy airfare)	
3. Taxis / Uber / Lyft		
4. Parking		
5. Lodging / Hotels		
6. Meals		
7. Registration Fee		
8a. Other (please specify)		
8b. Other (please specify)		
8c. Other (please specify)		
<b>Total</b>	Make sure you have included all receipts!	\$

*Per the CFMS Travel and Reimbursement Policies, all individuals receiving funding support from the CFMS to attend external meetings must complete a post-event "Report to CFMS Board of Directors." Expense reimbursement will be withheld until a report is submitted.*

**Have you submitted the post-event report if required?**

☐ Yes ☐ No ☐ N/A

### 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Typing of name not accepted. Image of signature accepted.