



Partial and unsigned claims will not be processed.

Expense Reimbursement Request: Global Health

Instructions: cfms.org/reimbursement

This form and receipts are to be emailed to administrative@cfms.org. Must cc globalhealth@cfms.org

Identification		
Full Name: <small>In case a cheque is required</small>		
CFMS Position / Office Held:		
E-Transfer email address:		
Full mailing address: <small>E-transfers are restricted by account limitations. During high volume times cheques may need to be sent instead</small>	unit # - ## street name: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
	city, prov/ter, postal code:	
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)		
Total	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.