



Partial and unsigned claims will not be processed.

SIG Expense Reimbursement Request

Instructions: www.cfms.org/reimbursement

Email this form and receipts to administrative@cfms.org, cc sigs@cfms.org.

Identification		
Full Name:		
SIG Identification Number:	SIG2526_## <i>(replace # with your project's assigned number)</i>	
E-Transfer email address:		
ET phone number (optional):		
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:	
	city, prov/ter, postal code:	
Event Location (city, province):	Meeting / Event / Item/: (separate claim for each)	Event Date:

Itemization of Expenses		
Your SIG Budget Item:	Description/Receipt ID	Amount (CAD \$)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
Total	Have you included all receipts (circle one)? YES / NO	\$

Per the CFMS SIG Program Guide and CFMS SIG Recipient Guide, all initiatives receiving SIG funding from CFMS must complete a "SIG Progress Report" every three months. Expense reimbursement will be withheld until all reports due have been submitted.

Have you submitted all CFMS SIG Progress Reports due up to this date? 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.

Signature: _____

Date: _____

Typing of name not accepted. Image of signature accepted.