



Canadian Federation of Medical Students
150 Isabella Street, Suite 149
Ottawa, ON K1S 1V7
Email CFMS by 31 May 2026
Unsigned, and late forms will not be processed.

Expense Reimbursement Request

Email to administrative@cfms.org from your **school email account**

Identification		
Make cheque out to:	Name	
Address to send cheque to:	Address, incl. unit #, city, province, zip code	
University:	Item: CFMS 2nd Iteration Grant	Date:

Itemization of Expenses		
Item	Description/Receipt ID	Amount (CDN \$)
8. Other - CFMS 2nd Iteration Support	no further specification necessary for this grant	\$150
Total		\$150

CFMS would like to get an idea of how the \$150 relates to the actual expenses paid by students for the 2nd iteration of the match. For that reason we ask if you'd be willing to indicate how many programs you've applied for in the 2nd round. Only this number will be copied, untied to any personal information. **Participation is optional.**

Number of programs applied for in the 2nd round of the match _____

Statement of Claimant:

I hereby certify that I am a final year medical student at a Canadian Medical School who has participated in the CaRMS Match 2026 and am unmatched after the first iteration of the match.

Signature (inserted image accepted, typing name not accepted)

Date