

EXPENSES FOR REIMBURSEMENT

Please Print Clearly

LAST NAME	FIRST NAME	Date:
Email Address:		Telephone Number:
Address:	Purpose & Date of Trip:	
Program:	Currency of Reimbursement:	
Name of Supervisor <i>(for students and post-docs only)</i> :		



180 Dundas Street West, Suite
1400, Toronto, Ontario M5G 1Z8
Fax: (416) 971-6169
Tel: (416) 971-4891

**Please mail, fax, or email your
form & receipts to the attention of
Denzil Green, dgreen@CIFAR.ca**

Date:	Description:	Receipt Encl.	Location of Expense (For Internal Use Only)	CAN\$ (incl. taxes, HST or GST, and/or PST)	US\$/ Other	HST (For Internal Use Only)	GST (For Internal Use Only)	For Internal Use Only	PST (For Internal Use Only)	For Internal Use Only
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Subtotals										

Signature of Claimant:	Approved (for internal use only):
Supervisor's signature <i>(for students and post-docs only)</i> :	

<p style="font-weight: bold; font-size: 1.2em;">TOTAL amount to be reimbursed: _____</p>
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