



Partial and unsigned claims will not be processed.

Expense Reimbursement Request

Instructions: www.cfms.org/what-we-do/finances/reimbursement-instructions.

Electronic receipts/submissions may be emailed to administrative@cfms.org. Please cc finance@cfms.org.

Identification		
Full Name: <i>to make cheque out to</i>		
CFMS Position / Office Held:		
Full mailing address: (Include postal code!) <i>to send cheque to</i>		
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 \$0.575/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	Have you included all receipts (circle one)? YES / NO	\$

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 to CFMS Board of Directors" (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.