



**VP Finance**  
**Canadian Federation of Medical Students**  
**267 O'Connor Street, Suite 401**  
**Ottawa, ON K2P 1V3**

Tel: 613.565.7740 Fax: 613.288-0524 E-mail: [finance@cfms.org](mailto:finance@cfms.org)  
 Partial and unsigned claims will not be processed.

## Expense Reimbursement Request

**(to be mailed with original itemized receipts *credit card receipts not accepted*)**

Identification		
Full Name:		
CFMS Position/Office Held:		
Full mailing address and telephone number:		
Location:	Meeting/ Event/Item: (separate claim for each)	Date:

Itemization of Expenses		
Item	Description/Receipt ID	Amount (CDN \$)
1. Air/Train/Bus		
2. Personal Auto	Km @ \$0.50/km	
3. Taxis		
4. Parking		
5. Lodging/Hotels		
6. Meals		
7. Conference registration fee (if applicable)		
8. Other (specify)		
9. Photocopying		
10. Mailing		
11. Phone		
12. Other (specify)		
<b>Total</b>	Have you included all receipts? YES / NO	\$

**Statement of Claimant:**

I hereby certify that the details of the expenses incurred are as stated, and that none of the claimed expenses have been previously reimbursed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CLAIMS ARE REIMBURSED BY ACCOUNTANT EVERY TWO WEEKS**