



Please print clearly

## EXPENSES FOR REIMBURSEMENT

All claims must be submitted within 3 months (as per CIFAR's travel policy) and be accompanied by original itemized receipts.

Mailing address:  
180 Dundas St. W., Suite 1400  
Toronto, ON, M5G 1Z8  
Tel: (416) 971-4251  
Fax: (416) 971-6196

Please mail, fax or e-mail your completed form & receipts to: [claims@cifar.ca](mailto:claims@cifar.ca)

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Date:	<input type="text"/>
E-mail	<input type="text"/>	Phone Number	<input type="text"/>	Currency of Reimbursement:	<input type="text"/>
Address	<input type="text"/>			City	<input type="text"/>
Province/State	<input type="text"/>	ZIP/Postal Code	<input type="text"/>	Country	<input type="text"/>
CIFAR Program, Purpose & Date of Trip:	<input type="text"/>			Name of supervisor (for students and post-docs only):	<input type="text"/>

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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Sub Total				<input type="text"/>						

Signature of Claimant:	Approved (for internal use only): <input type="text"/>	(For internal use only)  TOTAL amount approved to be reimbursed: <input type="text"/>
Supervisor's signature (for CIFAR Staff, students and post-docs only) :		