



EXPENSES FOR REIMBURSEMENT

Please print clearly

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

First Name		Last Name		Date	
Email		Phone		Currency of Reimbursement	
Address				City	
Province/State		Zip/Postal Code		Country	
CIFAR Program, Purpose & Date of Trip				Name of supervisor (for students and post-docs only)	

Mailing address:
 Attn: Claims Dept
 MaRS Centre, West Tower
 661 University Ave. Suite 505
 Toronto, ON M5G 1M1
 Tel: (416) 971-4251
 Email: claims@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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Subtotal:										

Signature of Claimant:		Approved (for internal use only)	(For Internal use only)
Supervisor's signature (for CIFAR Staff, students and post-docs only) :			TOTAL amount approved to be reimbursed