

Expense Reimbursement Request

This form is to be mailed with both the original itemized receipts from vendor and credit card receipts.
Electronic receipts/submissions may be emailed to administrative@cfms.org. Please cc finance@cfms.org.

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

Itemization of Expenses		
Item	Description/Receipt ID	Amount (CAD \$)
1. Air / Train / Bus Fare		
2. Personal Automobile	_____ km x \$0.40/km (must not exceed the cost of economy airfare)	
3. Taxis / Uber / Lyft		
4. Parking		
5. Lodging / Hotels		
6. Meals		
7. Registration Fee (if applicable)		
8. Photocopy / Mailing / Phone		
9a. Other (please specify)		
9b. Other (please specify)		
9c. 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 completed the post-event "Report to CFMS Board of Directors" (if required)? ☐ Yes ☐ No ☐ N/A

Have you submitted the above report to your Portfolio Director/VP and to administrative@cfms.org? ☐ Yes ☐ No

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. I further agree that failure to deposit a reimbursement cheque before it is stale-dated (6 months following issue) will result in a \$5.00 replacement fee.

Signature: _____

Date: _____