

Quebec-Vermont Seminar Series / Séminar Québec-Vermont

REIMBURSEMENT CLAIM FORM

Submit to : **Attn: Guillermo Martinez-Zalce** **Tel.: (514) 343-7574**
 Centre de recherches mathématiques **E-mail: martinez@CRM.UMontreal.CA**
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PLEASE COMPLETE THIS FORM AND ATTACH ORIGINAL RECEIPTS (print clearly)

Name _____
Mailing Address _____

City _____ Province/State _____
Postal/Zip Code _____ Country _____

****Please note reimbursement may take approx. 6-8 weeks after this form is received****

TRAVEL EXPENSES

Airfare *: _____ * **Attach original receipt, the itinerary and the boarding passes**
(photocopies are accepted if we are covering less than 50% of the airfare)

Mileage: _____ X \$.40/km = \$ _____

Taxis: _____ attach original receipts

OTHER

_____ Identify & attach original receipts

CURRENCY FOR REIMBURSEMENT: __ CDN dollars __ US dollars __ Euros __ GBP

SIGNATURE:

I hereby certify that all expenses being claimed by me are correct & proper and are not reimbursed from other sources