



## 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](mailto: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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<b>Subtotal:</b>										

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