

DEPARTMENT OF FAMILY MEDICINE - TRAVEL REIMBURSEMENT FORM
Family Medicine Resident Education Weekend
FACULTY FORM
Digby Pines Resort September 20 - 22, 2018

For questions on how to complete, please contact your Site Administrator.

Part 1

Name _____ Date Submitted _____

Site _____

Address to which
reimbursement
to be sent _____

Part 2 Actual Travel Expenses

(To be completed on return by traveller)

Transportation \$ _____ (Mileage if applicable \$.44 per KM)

Accommodations \$ _____ (Attach Original and Detailed Receipt)

Other/meals \$ _____ (Attach Original and Detailed Receipt)

\$ _____
Total Expense Claimed

Signature of Claimant

Part 3 Approval of Claimed Expenses

Application approved _____
Name of Site Administrator *(please print)*

Signature of Site Administrator

Date of approval _____