Date:

Trainee Name   UofC Email

CIP Year: Year 1   Year 2   Post 2 years

Conference or Course Details

Name and brief explanation of how this Conference or Course supports your research goals (note if you are presenting your research, and do not use acronyms)

Physical Location   **OR** Attendance will be virtual

Event date (mm/dd/yyyy)   From   To

Please itemize and total your requested $ reimbursement (e.g. conference registration fee, course fee, meals, travel, accommodations etc.) All requests must adhere to PGME eligible expense guidelines.

Confirm that you have included the formal Conference Agenda or Course Description.   Yes

Email: This form, agenda/description and scanned receipts to CIP Admin

Electronic Funds Transfer (EFT): If you are not set up for payment by Direct Deposit, with the UofC, complete the EFT Form: and include it with your request.