

APPENDIX B: TRAVEL EXPENSE CLAIM FORM

TRAVEL – MEDICAL STUDENT (TRAVEL EXPENSE CLAIM FORM)

Please remit within 30 days of incurring expense

FLIGHT BOARDING PASSES, ITINERARY AND PROOF OF PAYMENT REQUIRED

For all other expenses - ORIGINAL RECEIPTS MUST BE ATTACHED

FULL NAME (Please Print): _____ Date: _____

ADDRESS _____ Postal Code: _____

Email: _____ Phone #: _____

PURPOSE of TRAVEL: _____

Meeting Date	Expenses (attach receipts)	To be reimbursed	TOTAL EXPENSES
	Air Transportation		
	Ground Transportation		
	Accommodations		
	Meals (As per U of C Guidelines) NO ALCOHOL will be paid and only itemized receipts will be reimbursed.		
	Mileage (As Per U of C Guidelines)		
	Miscellaneous		
	TOTAL EXPENSES		
	TOTAL PAID BY UME		

SIGNATURE: _____

DATE: _____

REVIEWED AND APPROVED BY: _____

DATE: _____