



Claimant Name

Professional Corporation *(if applicable)*

Address

Type of Funding

Phone number

Residency Program

Email

For AIMG Funding, please provide a brief description of how this expense supports either the individual AIMG resident, program and curriculum development and/or program specific equipment:

**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 claim.

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## Claim Details

**Name and brief description of event/purchase** *(Please include the full name of the event, not acronyms)*

## Event Details

### Location

Date (mm/dd/yyyy)

From

To

**The number of people benefiting from the expense** *(if applicable):*

# Residents

# Faculty

# Other

**All claims must include the applicable supporting documents:**

Conference Agenda

List of Attendees (for Program Events)

List of Gift Card Recipients

Meeting Agenda/Schedule