UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

PGME Expense Description Form

Claimant Name

Professional Corporation *(if applicable)*

Address

Type of Funding

Education Enhancement

Phone number

Residency Program

Email

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.

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**

All claims must include the applicable supporting documents in ONE PDF:

- ☐ Invoice/Itemized Receipt(s)
- ☐ Proof of Payment
- ☐ CC Statement for FX (Foreign Exchange)
- ☐ Conference Agenda
- ☐ List of Gift Card Recipients
- ☐ Certificate (if available)

For Program Events/Meetings:

- ☐ Event/Meeting Agenda
- ☐ List of Attendees and Agenda Role or
- ☐ Affiliation to Program