



Claimant Name

Professional Corporation *(if applicable)*

Address

Type of Funding

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.

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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**

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

Invoice/Itemized Receipt(s)

Conference Agenda

### For Program Events/Meetings:

Event/Meeting Agenda

Proof of Payment

List of Gift Card Recipients

List of Attendees and Agenda Role or

CC Statement for FX (Foreign Exchange)

Affiliation to Program