

**MCRI II CAs/DCs EXPENSE REIMBURSEMENT FORM 2009**

MCRI II

[office use] Completed

Document #

Date Report Submitted:	Expenses	CAD Amount	G/L #	Tax	Internal Order	Fund Centre	Fund	Alloc.
Period & Location of Travel Halifax April 28 - May 1	Airfare	Canada	844030					Conf09
	Accommodation							
Full Name (PRINT)	Allowances:	Per diem	844030					Con09
	No. of km ____							
Mailing Address (PRINT)	Rail/Bus/Ferry	Canada	844030					Conf09
	Car Rental							
Reason for Travel MCRI II ISRN 11TH Annual Conference Annual Halifax, Nova Scotia	Taxi	Canada	845000					Conf09
	Misc/Parking							
I have read the university's regulation on reimbursement of expenses and confirm that I am in compliance.	Other (specify):							
Claimant's Signature (above)	Sub Totals	S/T	0.00					
Signature of Approval (below)	CAD TOTAL		Specify Reimbursement Currency:					
	<i>Instructions: insert total amounts in each category (use back of form to calculate if needed) - total will auto add. Describe misc. items under "Notes" as needed; specific items not applicable to those categories listed can be indicated in untitled line</i>							
	Attach original receipts (include all boarding passes) and mail to: D.Huntley, Manager and Project Officer, PROGRIS, Munk Centre University of Toronto, 1 Devonshire Place, Toronto, ON M5S 3K7							