

MCRI II EXPENSE REIMBURSEMENT FORM

MCRI

[office use] **Completed**

Document #

Date Report Submitted:	Expenses	Other Currency	CAD Amount	G/L #	Tax	Cost Centre	Internal Order	Fund	Fund Centre	Comm Item
Period & Location of Travel Toronto May 5 - 7	Airfare	Canada		841010	ix					
Full Name (PRINT)	Allowances*: No. of km ____	Per diem		841030	i0					
	Rail/Bus	Canada		841050	ix					
Mailing Address (PRINT)										
Reason for Travel Participant (CA or DC) ISRN 12TH ANNUAL (Final) CONFERENCE	Taxi	Canada		845000	i6					
	Other (specify):									
I have read the university's regulation on reimbursement of expenses and confirm that I am in compliance.										
Claimant's Signature (above)	Sub Totals	S/T								
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) sign and mail to:					D.Huntley, Manager and Project Officer, PROGRIS, Munk Centre University of Toronto, 1 Devonshire Place, Toronto, ON M5S 3K7				
Indicate GL# " __ "1" = Co-Applicants/Dom Collaborators "4" = RAC members "3" =students&PDFs per diem - see SECRETARIAT GUIDELINES										