



FIELDS REIMBURSEMENT CLAIM FORM 2010

Reimbursement claim form must be submitted within one month
of the event you are attending.
Please complete form, attach original receipts and give to
the event Program Coordinator during your stay or mail to:

**Manager of Scientific Programs
Fields Institute, 222 College Street,
Toronto, Ontario, M5T 3J1, Canada**

PLEASE PRINT CLEARLY

Program/Event Name **FIELDS-MITACS UNDERGRADUATE SUMMER RESEARCH PROGRAM**

Dates or Payment Period (covered by this claim) From _____, 2010 to _____, 2010

First and Last Name (name to appear on cheque) _____

Mailing Address for Payment _____

City _____ Province/State _____

Postal/Zip Code _____ Country _____

Email _____

SIGNATURE _____

I hereby certify that all expenses being claimed by me are correct & proper and are not reimbursed from other sources.

1) LOCAL EXPENSES	
Per diem, # of days to cover meals & incidentals	No receipts required,
2) ECONOMY TRAVEL EXPENSES	
Airfare	Attach original receipts and ALL BOARDING PASSES
Taxis/Train/Bus	Attach original receipts
Mileage # of km @ \$.47/km	Destination To: _____ Destination From: _____
3) OTHER	
Attach original receipts and identify item	

FOR INSTITUTE USE ONLY (revised May 20, 2010)

1) Local	Cost Centre <u>40058</u>
2) Travel	
3) Other	Rec'd _____