

Please submit this form 6 weeks in advance, and wait for your notice of pre-approval prior to any expenses incurred.

Non-travel expenses are subject to a \$500.00 (CAD) maximum per receipt.

Name: _____	Date of Request: _____
Student ID: _____	Program Year: _____

Have you submitted previous requests for expenses this year? _____

If yes, please provide details. _____

Have you exhausted your \$650 PGME grant funds? _____

If no, remaining balance. _____

Please fill out part **a.** for professional development requests & part **b.** for travel requests.

A.

Anticipated Expense: _____

Reason for Expense: _____

Expense Total (CAD\$): _____

Important: Please refer to the requirements and maximum allowances outlined in the University Non-Travel Policy when completing your anticipated budget (please note that these policies are to be used as guidelines only, where internal department policies will also take in affect). All expenses must have supporting receipts to qualify for reimbursement. For PGME \$650 allocations, please ensure to strategize your purchase transactions by ensuring that no single receipt exceeds \$500.

B Meeting/Conference: _____

Purpose of Travel: _____

Dates away from Program (include travel dates): _____ to _____

Are you presenting at this meeting/conference? _____

Title of Paper/Presentation: _____

Have you received advance leave approval? _____

*Leave of absence form must be included

Have you submitted previous requests for travel this year? _____

If yes, please provide details. _____

Have you been awarded supplementary travel funding for this request?* _____

Amount Requested: _____

Important: Please refer to the requirements and maximum allowances outlines in the University Travel Policy when completing your anticipated budget. All expenses must be accompanied by original receipts to qualify for reimbursement.

***Please complete anticipated budget below:**

Anticipated Expenses	Total Expense
Airfare (CAD\$)	
Accommodations (CAD\$)	
Conference/Meeting Registration (CAD\$)	
Daily Mandatory Allowance (CAD\$)	
Ground Transportation (CAD\$)	
Mileage (.50¢/km) (CAD\$)	
Meals (base on per diem rate)* (CAD\$)	
Total Anticipated Expenses (CAD\$)	

Please forward Travel Fund Requests to the PGME Administrator for further processing.

***Those who have been awarded outside funding will be adjudicated with priority/preference**

Resident Signature: _____ Date: _____

Residency Program Director Signature: _____ Date: _____

For Finance Approval Only

Approved: Yes No

Amount: \$ _____ Speedcode: _____

Finance Authorization: _____ Date: _____