



GRADUATE STUDENT TRAVEL REIMBURSEMENT REQUEST

Grants are available to students in the Graduate Department of Exercise Sciences for attending and presenting a paper at learned society/scientific meetings. Students can make only one application per year, to a maximum reimbursement of \$250.

INSTRUCTIONS:

1. Complete Section A & B below
2. ATTACH ORIGINAL RECEIPTS (including the "not for travel" portion of airline tickets) to support your claim
3. Obtain the approval of your travel claim from Associate Dean Scott Thomas
4. Submit form to Graduate Program Administrator

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5385, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1

SECTION A															
Name:	Address:														
Phone #:	E-mail:														
Destination:	Purpose of travel:														
Travel Budget:	<table> <tr><td>_____</td><td>Airfare</td></tr> <tr><td>_____</td><td>Mileage (40 cents/km)</td></tr> <tr><td>_____</td><td>Accommodation</td></tr> <tr><td>_____</td><td>Meals</td></tr> <tr><td>_____</td><td>Registration</td></tr> <tr><td>_____</td><td>Other - Specify _____</td></tr> <tr><td colspan="2">TOTAL</td></tr> </table>	_____	Airfare	_____	Mileage (40 cents/km)	_____	Accommodation	_____	Meals	_____	Registration	_____	Other - Specify _____	TOTAL	
_____	Airfare														
_____	Mileage (40 cents/km)														
_____	Accommodation														
_____	Meals														
_____	Registration														
_____	Other - Specify _____														
TOTAL															

Authorized Approval:	Print Name:	Title:
		Date:

SECTION B																							
Actual Expenses:	<table> <tr><td>_____</td><td>Airfare</td></tr> <tr><td>_____</td><td>Mileage (40 cents x _____ km)</td></tr> <tr><td>_____</td><td>Accommodation</td></tr> <tr><td>_____</td><td>Meals</td></tr> <tr><td>_____</td><td>Registration</td></tr> <tr><td>_____</td><td>Other - Specify _____</td></tr> <tr><td colspan="2">Total Expenses</td></tr> <tr><td>=====</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td>Claim amount (Not to exceed lesser of Total Expenses and \$250)</td></tr> </table>	_____	Airfare	_____	Mileage (40 cents x _____ km)	_____	Accommodation	_____	Meals	_____	Registration	_____	Other - Specify _____	Total Expenses		=====		_____		_____		_____	Claim amount (Not to exceed lesser of Total Expenses and \$250)
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_____	Other - Specify _____																						
Total Expenses																							
=====																							

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DECLARATION BY CLAIMANT: I HAVE READ THE UNIVERSITY'S REGULATION ON REIMBURSEMENT OF EXPENSES AND CONFIRM THAT I AM IN COMPLIANCE

Signature of Claimant:	Print Name:	Date:
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Financial Services use only	CFC 103171	CC 14597	GL 842080	Document No.
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