

Travel Claim Form
Centre de recherche de l'Institut universitaire de gériatrie de Montréal

Name: _____
(as it should appear on the cheque)

Address: _____

Social Insurance Number: _____

Travel to: _____

Purpose of Travel: _____

Duration of Travel: _____

Statement of Expenses (Please attach all original receipts and boarding passes)

Airline: _____

Car Rental: _____

Mileage: _____

Other Transportation: _____

Meals: _____

Accommodation: _____

Other Expenses: _____

TOTAL EXPENSES: _____

I hereby certify that the expenses in this Travel Requisition comply with Travel Claims Policy, Procedure and the sponsor or donor terms and conditions where applicable.

<http://www.cihr-irsc.gc.ca/e/16406.html>

Required Signature _____

Traveler's/Date: _____