

**Person filling out this form:**

Name: \_\_\_\_\_  
 Telephone no.: \_\_\_\_\_ Email: \_\_\_\_\_  
 Position in CSZ: \_\_\_\_\_

**Reason expenses were incurred:**

**Reimbursement instructions**

Name of payee: \_\_\_\_\_  
 Mailing address to send reimbursement: \_\_\_\_\_  
 \_\_\_\_\_

Telephone no. (if different than above): \_\_\_\_\_ Email (if different than above): \_\_\_\_\_  
 Currency for reimbursement:  \$CAD  \$US Do you need partially-reimbursed receipts returned to you?  Yes  No

**Details of expenses (include only the amounts being claimed):**

Date	Description	Amount		Receipt attached?
		\$CAD	\$US	
	Per diem: _____ days @ \$CAD 15.00/day			
	Mileage: _____ km @ \$CAD 0.25/km			
<b>TOTAL EXPENSES CLAIMED</b>				

**Comments:**

**Terms of reimbursement:**

- Original receipts must be attached.
- The Treasurer will verify that the claim is eligible for reimbursement under CSZ policy.
- The Treasurer may adjust the amount of the claim to satisfy CSZ policy.
- Claims involving multiple currencies may be adjusted (based on exchange rates) to satisfy any limits to the amount of reimbursement.

**Symposium organizers only:**

- The symposium organizer should submit all claims on behalf of their speakers.
- Expenses will be charged first to any symposium grant from the Society; any balance will be charged to the organizing section(s).
- Any special instructions to the Treasurer should be included in a cover letter accompanying these forms or in the space below.

**Certification:**

I certify that:

- the expenses claimed here were incurred for purposes authorized for reimbursement by CSZ policy or CSZ Council
- the expenses claimed here, if allowed, will not be claimed elsewhere

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date