

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			
TOTAL EXPENSES CLAIMED				

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