

SECTION ONE: Claimant Information

Name

Address

City/Province

Postal Code

Payment takes 4-6 weeks.

Date Prepared

MO	DY	YR

It is the policy of NanoMedicines Innovation Network (NMIN) to reimburse reasonable and necessary expenses incurred by individual in the course of carrying out their NMIN-related responsibilities. Claimants are responsible for ensuring that claims for reimbursement are accurate, and that they conform to NMIN's Policy and, where applicable, federal funding agency rules (*i.e.*, CIHR, Tri-Council Agency rules). Reimbursement requests submitted for approval will be reviewed against NMIN's Policy by the NMIN Accountant and approved by the Executive Director of NMIN, or rejected if the expenses are not eligible or exceed eligible limits for reimbursement.

SECTION TWO: Expense Details

Dates: From: To:

Location(s):

Purpose:

SECTION THREE: Declaration and Authorizations

Declaration by Claimant: I have read NMIN's Policy on reimbursement of expenses and confirm that I am in compliance with the policy. Expenses must be directly related to NMIN business.

Re: Institution reimbursement only

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Institution

Institution Contact

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Claimant

Printed Name

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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NMIN Signature of Approval

Printed Name

Title

EXPENSE REPORT

Please send form to: divyarao@nanomedicines.ca

EXPENSES DETAILS				
Expense Type	Receipt Requirements Please provide receipts for all expenses.	Foreign Amount	Cdn Amount \$	Details
Airfare	Invoice and boarding passes			
Baggage Fees	Proof of payment/receipt			
Bus/Railway	Passenger Ticket Stub			
Car Mileage	kms x .57 /km Mileage validated e.g. Google Map			
Taxi	Taxi Receipt(s)			<i>Specify To / from for each cab claim here</i>
Parking/Highway Tolls	Parking Receipt(s)			
Car Rental	Customer's copy of the rental charges and gas receipts			
Accommodation	Provide detailed statement			
Meals with receipt	Daily Maximum \$115.00 (Breakfast \$25, Lunch \$30, Dinner \$60)			<i>Specify dates and meal-type (e.g., lunch) here</i>
Meals without receipt	Without receipts, the following claims can be made per eligible meal (Details with dates must be attached to claim.) Breakfast \$15 Lunch \$15 Dinner \$20			<i>Specify dates and meal-type (e.g., lunch) here</i>
Conference registration fees	Registration form, plus original receipt/proof of payment. Registration fees for NMIN conferences can not be claimed.			
Other Expenses	Please provide details below			

Total Expenses

CAD \$

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Missing Receipts?	Please provide details.
Reason:	_____
Type of Expense:	_____
Paid to:	_____
Date of Expense:	Amount: _____
Type of Expense:	_____
Paid to:	_____
Date of Expense:	Amount: _____