St. Michael's

Inspired Care. Inspiring Science.

## **Research Training Centre – Trainee Travel Award**

Forward Travel Application Form to Kristine Antony, rtc@smh.ca.

PART A				Traine	ee Travel Application Form	
Trainee Name						
Trainee Type		☐ Graduate Student			Postdoctoral Fellow	
Lab/Office Telephone #						
E-mail Address						
Supervisor						
Supervisor E-mail						
Graduate School: (if applicable)						
Name of Conference / Workshop						
Location of Conference						
Date(s) of Attendance		From (mm/dd/yy): To (mm/dd/yy):				
PART B				Re	eimbursement Information	
☐ Cheque			If awarded, after conference, please complete the Payment Requisition Form or the Employee Reimbursement Requisition Form (whichever is applicable)			
☐ Transfer* Cost Centre #			* A copy of the origi	inal Requisition I	Form with expenses must be submitted.	
PART C			, , , , , , , , , , , , , , , , , , , ,		Signatures	
We agree that all submitted receipts are originals covering the expenses for travel. We agree that none of these expenses have been reimbursed through any other source of funding and understand that this application will not be processed if found otherwise.						
Signature of Trainee:				Date:		
Signature of Supervisor:			Date:			
Please Note:	1. Maximum ar	1. Maximum amount of reimbursement is \$1,000 CAD				
	<ol><li>Only eligible expenses documented by ORIGINAL valid receipts and proof of payment will be reimbursed. If original receipts have been submitted for payment by PI, then copies will be accepted for transfer of funds.</li></ol>					