

RESEARCH TRAINING CENTRE (RTC) TRAVEL AWARD RECEIPT TRACKER FORM

Please email your completed form to rtc@smh.ca

Budget Reimbursement Request																							
Trainee Full Name:																							
Email Address:																							
Supervisor Full Name:																							
Lab Administrator/Manager Full Name:																							
Lab/Office Tel #:																							
Name of Conference (Do not use acronyms)																							
Abstract title:																							
<p>** Please submit original receipts to your lab administrative assistant and copies to the RTC, alongside other necessary forms</p> <p>In CANADIAN DOLLARS please provide amount of registration, transportation, accommodation costs associated with your conference attendance. Do not include a "\$" in your answer.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Registration: Date: _____</td> <td style="width: 40%;">Cost \$ _____</td> </tr> <tr> <td>Other Item (Description): Date: _____</td> <td>Cost \$ _____</td> </tr> <tr> <td>Other Item (Description): Date: _____</td> <td>Cost \$ _____</td> </tr> <tr> <td>Other Item (Description): Date: _____</td> <td>Cost \$ _____</td> </tr> <tr> <td>Other Item (Description): Date: _____</td> <td>Cost \$ _____</td> </tr> <tr> <td>Other Item (Description): Date: _____</td> <td>Cost \$ _____</td> </tr> <tr> <td>Other Item (Description): Date: _____</td> <td>Cost \$ _____</td> </tr> <tr> <td>Other Item (Description): Date: _____</td> <td>Cost \$ _____</td> </tr> <tr> <td>Other Item (Description): Date: _____</td> <td>Cost \$ _____</td> </tr> <tr> <td>Other Item (Description): Date: _____</td> <td>Cost \$ _____</td> </tr> <tr> <td>Total: \$ _____</td> <td></td> </tr> </table>		Registration: Date: _____	Cost \$ _____	Other Item (Description): Date: _____	Cost \$ _____	Other Item (Description): Date: _____	Cost \$ _____	Other Item (Description): Date: _____	Cost \$ _____	Other Item (Description): Date: _____	Cost \$ _____	Other Item (Description): Date: _____	Cost \$ _____	Other Item (Description): Date: _____	Cost \$ _____	Other Item (Description): Date: _____	Cost \$ _____	Other Item (Description): Date: _____	Cost \$ _____	Other Item (Description): Date: _____	Cost \$ _____	Total: \$ _____	
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We affirm that all submitted receipts are originals covering the expenses for travel. We agree that the trainee does not hold scholarships or fellowships that include a research allowance greater than \$1000* which can be used for conferences, nor any other travel award greater than \$1000* associated with participation in the conference listed in this application.

*CIHR, NSERC, or SSHR scholarship holders: you can apply for this award, however, preference will be given to those applicants who do not hold fellowships/scholarships that have research allowance.

SUPERVISORS MUST ADVANCE EXPENSES TO COVER STUDENT'S CONFERENCE FEES and funds will be reimbursed to the supervisor's research account only if a copy of the original payment requisition is provided along with all the supporting documentation.

Signature of Trainee: _____ Date: _____

Signature of Supervisor: _____ Date: _____