CORS · SCRO

Canadian Operational Research Society
Société canadienne de recherche opérationnelle

Expense Reimbursement Form

Claimant:

Name:
Email:
Postal Address:

Note: reimbursement cheque will be sent to the address provided

Expense Purpose

Funding Program: ☐ Travelling Speakers ☐Graduate Student Travel ☐ Other

Purpose of transaction(s):

Note: if claim includes travel costs, provide details of travel dates, locations (origin & destination) and event.

Expenses *(receipts **must** be provided for all expenses)*

Date (dd/mm/yy)	**Description of expenditure**	**Vendor**	**Currency** (if not CAD)	**Total Amount**	**Conversion Rate**	**Total CAD Amount**
					TOTAL	

(Add additional rows as needed)

Date Submitted:
Claimant's Signature: _____