



# CORS · SCRO

Canadian Operational Research Society  
Société canadienne de recherche opérationnelle

## Expense Claim Form

### Claimant:

**Name:**  
**Email:**  
**Postal Address:**

*Note: reimbursement cheque will be sent to the address provided*

### Expense Purpose

**Funding Program:**  Travelling Speaker  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
e.g. 31/02/23	Airfare	RandomAir	USD	\$100	1.25	\$125
<b>TOTAL</b>						

*(Add additional rows as needed)*

**Date Submitted:**

**Claimant's Signature:** \_\_\_\_\_

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Atlantic – Québec – Québec Student – Montréal – Montréal Student – Kingston – Ottawa – Toronto  
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