

**Department of Pathology and Laboratory Medicine
MCISc Pathologists' Assistant Travel Reimbursement Fund
Budget Approval**

This form must be signed by the supervisor prior to registration

Student Name: _____

Maximum Approved Funding

- Ontario Association of Pathologists (OAP) Meeting **with** presentation - \$500.00
- Ontario Association of Pathologists (OAP) Meeting **without** presentation - \$200.00
- Canadian Association of Pathologists (CAP) Meeting or other **with** presentation - \$1000.00
- Educational Courses – registration only - \$200.00
- American Association of Pathologists' Assistants (AAPA) Student Delegate - \$1000.00

Travel Begin Date: _____ Travel End Date: _____

Proposed Expenses:

Registration (Name of Meeting): _____

Cost of Registration: _____ # of Meals included in Registration: _____

Method of Transportation: _____

Estimated Cost of Transportation: _____

Accommodations: _____

Of Nights: _____ Cost / Night: _____

Any room service charges must be accompanied by the original itemized bill showing food purchased.

Estimated # of Meals to be reimbursed subject to [Treasury Board Rates](#): _____

NOTE

Original itemized receipts are required for reimbursements of all forms of transportation, accommodation and meals, registration and course fees. Electronic receipts, such as those provided by airlines, are acceptable receipts. Where possible, please provide **boarding passes**. Credit card statements are not acceptable. **Please note that Alcohol is not eligible and will not be reimbursed.**

Signature of Student: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Return completed, signed form to the Graduate Program Administrator, DSB 4044 - pathgrad@uwo.ca.