Division of General Surgery
Program Office
339 Windermere Road, Rm C8-114

TRAVEL and OTHER EXPENSES REPORT

General Guidelines: PLEASE PRINT CLEARLY or TYPE

1. **Please ensure that all claims for expenses are in accordance with Division policy**
2. **Please attach all receipts**
3. **Mileage will be reimbursed at 55.5 cents per/km (taxes included)**
4. **Meal allowances and per diems**

	Travel in Canada	Travel in the USA	Travel outside of North America
Breakfast	$15 CAD	$15 USD	$17 CAD
Lunch	$20 CAD	$20 USD	$28 CAD
Dinner	$30 CAD	$30 USD	$40 CAD
Daily Maximum	**$65 CAD**	**$65 USD**	**$85 CAD**

Claimant Name:

Mailing Address:

Email: **Cell #**

Purpose of Travel or Expense (Required):

Location: **Travel Dates:**

INSTRUCTIONS:

1) On Page 2 complete the expense categories A through D as applicable.
2) Allow 14-21 working days for processing the claim (after manuscript is received)
3) If expenses are in a currency other than Canadian please provide a copy of your credit card statement that shows the conversion. If not included then you will be paid in Canadian funds for the dollar amount submitted.

TOTAL EXPENSES (from Page 2) (1) $ _____

Total Claim $ _____

EXPENSE CATEGORIES

A	**Transportation**					
	Dates **From - To**	Description (for car show Km x Rate)	Receipt Total	Deduct Personal Expenses Included	Currency Exchange	Claim Amount
1)						
2)						
					Total of A	$

B	**Accommodation**					
	Dates **From - To**	Description	Receipt Total	Deduct Personal Expenses Included	Currency Exchange	Claim Amount
1)						
2)						
					Total of B	$

C	**Meals**					
	Dates **From - To**	Description	Receipt Total	Deduct Personal Expenses Included	Currency Exchange	Claim Amount
1)						
2)						
3)						
4)						
					Total of C	$

D	**Registration Fees/ Parking/Miscellaneous**					
	Dates **From - To**	Description	Receipt Total	Deduct Personal Expenses Included	Currency Exchange	Claim Amount
1)						
2)						
					Total of D	$

Total Expenses A + B + C + D = $ _____

APPROVALS

(Expense reports missing claimant signatures will be returned)

Claimant:

I certify that all expenses submitted are reasonable and in accordance with the Division of General Surgery Travel policy and will not be used as claims to other organizations for income tax purposes. Expenses reflect due regard for value for money, and personal expenses have been deducted.

I have submitted a draft manuscript and will notify the program office once the manuscript is published.

I have applied for a PGME travel award. Any monies received will be returned to the division.

Signature _____ **Date:** _____

OFFICE USE

Expenses have been reviewed by the program office and payment sent to claimant.

Signature _____ **Date:** _____

Return completed form to :
Christine Ward
339 Windermere Road
Room C8-114
christine.ward@lhsc.on.ca