

TRAVEL EXPENSE CLAIM FORM FOR LEARNERS

Traveler Information

First Name	Last Name
Phone Number	Student Number
UWO ID	Email Address
Mailing address	

Elective Information

Travel Start Date (as per flight itinerary)	Travel End Date (as per flight itinerary)
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Destination Country:

Non-refunded Expenses

The Schulich School of Medicine & Dentistry will review any non-refunded expenses incurred due to your canceled international learning experience. Please itemize any non-refunded expenses in the table below. Please **attach a scanned copy of the relevant receipts and proof of payment and/or partial refund. Also include any correspondence with the travel company detailing the partial refund.**

Description of Expense	Original Price	Amount not Refunded

Total Reimbursement Request: \$ _____

Important to note: If the request for reimbursement is approved, the original receipts must be submitted. Expenses may not be reimbursed if receipts are not provided. For flights, original itinerary with pricing needs to be provided **as well as** proof of cancellation and penalty fees. Instructions will be provided on how to submit this information once the claim has been approved.

I hereby confirm that despite my best efforts, I was unable to receive a full refund for the above-noted expenses and am therefore seeking reimbursement from the Schulich School of Medicine & Dentistry. I verify that the above is a true reflection of my incremental expenses and understand that I am limited to this one-time request for reimbursement and will not be permitted to submit any additional claims in relation to my canceled international learning experience.

Date: _____

Signature: _____