

MKN REIMBURSEMENT CLAIM FORM

Please complete in pen and mail completed claim to: **Melanie Langemeyer, MKN Coordinator**
Mathematics Knowledge Network

Fields Institute, 222 College Street, 2nd Floor Toronto, Ontario M5T 3J1 Canada

Submit within two weeks of event attended. Processing time for complete claims is 4-8 weeks.

Claims submitted six months or more after end of the event will not be processed.

Please direct questions about payment to: mlangeme@fields.utoronto.ca

Event Attended _____
 Payment Period
 (covered by this claim) From _____ to _____ (dd/mm/yy)

Cheque Payable to
 (First, Middle and Last Name) _____

Mailing Address for Payment _____

City _____ Province/State _____

Postal/Zip Code _____ Country _____

E-Mail Address _____

Please note your reimbursement might be adjusted if meals are provided or other expenses are pre-paid by the MKN

Per diem (Indicate # of days)	\$45 CDN/day (Breakfast - \$10, Lunch - \$12.50, Dinner - \$22.50) to cover meals and incidentals. <input type="checkbox"/> I am not claiming per diem
Paid Accommodation (room & tax only)	Reimbursed up to \$200/night, or \$2400/month <input type="checkbox"/> Itemized receipt indicating rate and dates of stay, and <input type="checkbox"/> Proof of Payment*
Gratuitous Accommodation (Indicate # of nights)	Reimbursed \$30/night <input type="checkbox"/> Email or signed note from the person who provided the accommodation, specifying dates of stay
Economy Airfare	<input type="checkbox"/> Complete travel itinerary, and <input type="checkbox"/> Proof of Payment*, and <input type="checkbox"/> Proof of Travel (e.g. boarding passes, local receipts)
Train/Coach/Public Transit	<input type="checkbox"/> Complete travel itinerary, and <input type="checkbox"/> Proof of Payment*
Taxi	<input type="checkbox"/> Original receipts
Car Rental	<input type="checkbox"/> Proof of Payment*
Mileage (Indicate # of km)	Reimbursed at the rate of \$0.41/km <input type="checkbox"/> Printed map showing origin and destination, route, distance, and <input type="checkbox"/> Parking receipts
Parking	<input type="checkbox"/> Original receipts

For reimbursable items please refer to the MKN Expense Guidelines.

CURRENCY FOR REIMBURSEMENT

SIGNATURE

DATE

I hereby certify that all expenses being claimed by me are correct and are not reimbursed from other source

FOR INSTITUTE USE ONLY

Promised Support _____
 less expenses pre-paid _____
 less meals provided _____
 Staff Signature: _____

Notes:

Cost Centre _____
 Funding Source _____
 Receipts to be returned _____
 Date Claim Rec'd _____