2012 12:16 december 12:16, 2011	2012 12-16. 2011	2012 12-16, 2011	2012 12:16 december 12:16, 2011
	December 12-16, 2011	December 12-16, 2011	December 12:16, 2011

REIMBURSEMENT CLAIM FORM

	Submit (no later than 3 months after the meeting) to :			
	QIP 2012 Secretari DIRO Université de Mont	at (c/o Magalie Lascar) rréal		
	C.P. 6128, succursale Centre-ville		Tel.: 514-343-6111 #47612	
	Montréal (Québec) H3C 3J7 CANADA		E-mail: qip2012@iro.umontreal.ca	
PLEASE COMPLETE T	HIS FORM AND	ATTACH ORIGINAL RECE	IPTS (print clearly)	
Name				
Mailing Address				
City			Province/State	
Postal/Zip Code			Country	
Please note reimbursen	nent may take ap	prox. 6-8 weeks after this forn	ı is received	
PER DIEM	\$45.00 X	days Attach a photocopy of your a	irline ticket showing your travel dates (if you are not submitting it	
(meals - no receipts required)		for reimbursement) or your h	otel receipt	
TRAVEL EXPENSES	Airfare :	Attach original receipt, the	itinerary and the boarding passes.	
		(photocopies are accepted if	we are covering less than 50% of the airfare)	
	Mileage:	X \$.43/km = \$		
	Bus / Train:	Attach original receipt		
	Taxi:	Attach original receipt		
ACCOMMODATION]	Attach original receipts		
OTHER]	Identify & attach original rec	eipts	
CURRENCY FOR REIMBURSEMENT: CDN dollars US dollars Euros GBP				
SIGNATURE:				

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