







REIMBURSEMENT CLAIM FORM

	Submit (no later than 3 months after the meeting) to:		
	QIP 2012 Secretar DIRO	riat (c/o Magalie Lascar)	
	Université de Montréal		
	C.P. 6128, succursale Centre-ville Montréal (Québec) H3C 3J7 CANADA		Tel.: 514-343-6111 #47612 E-mail: qip2012@iro.umontreal.ca
PLEASE COMPLETE T	HIS FORM ANI	D ATTACH ORIGINAL RECE	IPTS (print clearly)
Name			
Mailing Address			
City			Province/State
Postal/Zip Code			Country
	1	oprox. 6-8 weeks after this form	
PER DIEM (meals - no receipts required)	\$45.00 X	days Attach a photocopy of your a for reimbursement) or your he	irline ticket showing your travel dates (if you are not submitting it
(meais - no receipts required)		for remioursement) or your in	oter receipt
TRAVEL EXPENSES	Airfare :	Attach original receipt, the itinerary and the boarding passes.	
		(photocopies are accepted if v	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 reco	eipts
CURRENCY FOR REIMBUI	RSEMENT: CD	N dollars US dollars Euros	GBP
SIGNATURE:			
	I hereby certify that	t all expenses being claimed by me are	correct & proper and are not reimbursed from other sources