

**CANADIAN SOCIETY OF PHARMACOLOGY AND THERAPEUTICS
TRAVEL BURSARY CLAIM**

Name _____ Membership Category _____

Institution _____ Email _____

Conference: Name _____ & Dates _____

Expense Category	Details (*receipts required)	Total
Transportation		
*Air/Train		\$
*Taxis, Airport shuttles		\$
		\$
Accommodation		
*Hotel		\$
		\$
Meals (receipts required)		
*Breakfast Daily Maximum = \$12.00		\$
*Lunch Daily Maximum = \$18.00		\$
*Dinner Daily Maximum = \$30.00		\$
Other		
*Registration fee		\$
		\$
	Total Claim	\$

Claimant: I certify that all expenses submitted are reasonable and in accordance with CSPT policy and will not be used as claims to other organizations or for income tax purposes. Expenses reflect due regard for value for money, and personal expenses have been deducted.

Signature: _____

Date: _____

CSPT
Paid by: _____

Cheque# _____

Date: _____

Mail completed form and receipts to:
Kathryn Gaebel, Executive Administrator
Canadian Society of Pharmacology and Therapeutics
62 Tragina Ave South, Hamilton, ON L8K 2Z3