



CORS · SCRO

Canadian Operational Research Society
Société canadienne de recherche opérationnelle

Expense Reimbursement Form

Claimant:

Name: [Type here]

Email: [Type here]

Postal Address: [Type here]

Note: reimbursement cheque will be sent to the address provided

Expense Purpose

Funding Program: Travelling Speakers Graduate Student Travel Other

Purpose of transaction(s): [Type here]

Note: if claim includes travel costs, provide details of travel dates, locations (origin & destination) and event.

Expenses *(receipts **must** be provided for all expenses)*

Date (dd/mm/yy)	Description of expenditure	Vendor	Currency (if not CAD)	Total Amount	Conversion Rate	Total CAD Amount
e.g. 31/02/16	Airfare	RandomAir	USD	\$100	1.25	\$125
TOTAL						

(Add additional rows as needed)

Date Submitted: [Click here to enter a date.](#)

Claimant's Signature: _____

CORS-SCRO BOX/C.P. 2225, STATION D OTTAWA, ON K1P 5W4

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