

## TERRY FOX RESEARCH INSTITUTE EXPENSE CLAIM

Cheque Payable To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, Province/State: \_\_\_\_\_  
 Postal Code/Zip: \_\_\_\_\_  
 Email (for queries) \_\_\_\_\_  
 Reason for Claim / Travel: \_\_\_\_\_

**Please itemize all expenses**  
**Please attach all receipts to back of form**  
**Please refer to TFRI Reimbursement Policy**

#	Date Mnth/Date/Year	Description	Amount Claimed	Analysis (deduct 50% GST rebate)					Total
				Airfare	Ground Transport	Meals	Other Expenses	GST on Expenses	
1									\$0.00
2									\$0.00
3									\$0.00
4									\$0.00
5									\$0.00
6									\$0.00
7									\$0.00
8									\$0.00
9									\$0.00
10									\$0.00
11									\$0.00
12									\$0.00
13									\$0.00
14									\$0.00
15									\$0.00
<b>TOTAL EXPENSES</b>			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Claimant: \_\_\_\_\_  
 Approved: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Send to:**  
**Terry Fox Research Institute**  
**675 West 10th Avenue**  
**Vancouver BC V5Z 1L3**