The University Of Manitoba Max Rady College Of Medicine Student Travel Application For UGME Funded National And International Conferences/Meetings

| Student # Student Mailbox # | | | | |
|-----------------------------|---------------------------|---|--------------------|--|
| Name: | | | | |
| (F | FIRST NAME) | (MIDDLE NAME) | (LAST NAME) | |
| lame of Conferent | ence/meeting | J: | | |
| Conference/me | eting location | 1: | | |
| | | | | |
| Start date: | | (yyyy/mm/dd) End date: | (yyyy/mm/dd | |
| | Claimable | e Expense Items | Estimated Expenses | |
| | Flight | | \$ | |
| | Taxi | | \$ | |
| | Accommo | | \$ | |
| | Registratio | on | \$ | |
| | Meals | | \$ | |
| | Total | estimate for above listed expenses | \$ | |
| 1) How will | L L this experience | CFMS Fall AGM CFMS Spring AGM (CCME) Western Dean's | | |
| | | | | |
| | | | | |
| 2) How will | this experiend | ce benefit the Max Rady College of Med | icine? | |
| | | | | |
| | | | | |

Please answer the following questions:

| 3) | Have you received Max Rac | y College of Medicine travel funding before? | Yes | | No |
|----|---------------------------|--|-----|--|----|
| | If yes, when? | (yyyy/mm/dd) | | | |

| For: | | | | | | | | | |
|---|-------------------|-------|--|--------------|--------------|----|--|---|--|
| | | | | | | | | | |
| | | | | | | | | | |
| Declaration: I hereby d assistance is essential f verify these statements. | for my participat | | | | | | | | |
| Signature of Applicant: | | | | | | | | | |
| Date: | | | | (yyyy/mm/dd) | | | | | |
| Submit completed applications to: 260 Brodie Centre | | | Assistant to the Associate Dean, UGME and Business Manager | | | | | | |
| 7 V Or fax to: ((| | | 727 McDermot Avenue Winnipeg, MB R3E 3P5 (204) 789-3929 Attention: Assistant to the Associate Dean, UGME and Business Manager | | | | | | |
| | | | | | | | | | |
| FOR OFFICE USE ONI | LY: | | | | | | | | |
| Date received: | | | | | | | | | |
| Approved: | □Yes | □No | | Maximum am | ount granted | d: | | _ | |
| Business Manager (signature) | | | | Date | | | | | |
| Student notified: | Email | □ Yes | | Hard copy | □ Yes | | | | |
| File copy: | □ Yes | | | | | | | | |



Max Rady College of Medicine Undergraduate Medical Education Office of the Dean 260 Brodie Centre 727 McDermot Avenue Winnipeg, Manitoba Canada R3E 3P5 Telephone (204) 789-3557 Fax (204) 789-3928

GUIDELINES FOR STUDENT TRAVEL

FLIGHTS:

- 1) The Assistant to the Associate Dean, UGME and Business Manager will contact the student to obtain personal information and arrange their flight.
- 2) The student must book the following using their **personal funds** and apply for reimbursement after the trip:
 - Hotel
 - Conference registration
 - Transportation (ex. taxi, bus, car rental, parking)
 - Meals (not including alcohol)

Entertainment will not be reimbursed (ex. movies, pay-per-TV, etc.)

REIMBURSEMENT:

Upon returning from a trip, the student must submit the following to the Assistant to the Associate Dean, UGME and Business Manager:

- a) All original receipts* and invoices
- b) For international travel, a credit card statement will also be required. All information, other than name and the specific items to be reimbursed, may be blacked out.

*All meal receipts should include both the itemized receipt and the payment receipt.

Only original boarding passes and receipts/invoices will be accepted. In special cases, Travel Services may accept computer receipts/invoice but <u>this is not guaranteed</u>. Handwritten receipts (apart from the ones taxis give you) will not be accepted.

IMPORTANT TO NOTE:

All original receipts and invoices must be handed no later than two months after returning from trip. The student will receive three emailed and written reminders to submit their receipts and a final deadline date. Reimbursement of receipts/invoices received after the stated deadline date will not be provided.

If there are any questions, please contact the Assistant to the Associate Dean, UGME and Business Manager.