



2010 CSACI Mid- term Meeting

New Orleans, LA

February 27, 2010

Travel Grant Expense Report – Associate Fellow  / Associate Member

Rapport des déboursements

Application information: (PLEASE PRINT CLEARLY & INCLUDE THE ADDRESS YOU WOULD LIKE YOUR CHEQUE SENT TO)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Dr/Mr/Mrs/Ms  
 Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Expense details:**

(Meeting registration, travel and airport transfers, standard accommodation)

| Date   | Description | Amount | Original Receipts attached |
|--------|-------------|--------|----------------------------|
|        |             |        | <input type="radio"/>      |
|        |             |        | <input type="radio"/>      |
|        |             |        | <input type="radio"/>      |
|        |             |        | <input type="radio"/>      |
| TOTAL: |             |        |                            |

**THE DEADLINE FOR RECEIPT APRIL 5<sup>th</sup> 2010**

(All Original Receipts must be attached)

Signatures: \_\_\_\_\_ (applicant)

\_\_\_\_\_ (program director)

**Mandatory Information:**

Do you have funding from any other source?

YES  NO

If yes, please indicate amount:

Name of Institution:

The CSACI travel grant will cover a portion of the costs of meeting registration, travel (airfare) and airport transfers as well as standard / single accommodation (determined by the AAAAI Hotel Block) up to \$750.00 CDN.

CSACI Secretariat, 774 Echo Drive, Ottawa, ON K1S 5N8

Tel.: 613 730-6272 Fax: 613 730-1116

E-mail: [csaci@rcpsc.edu](mailto:csaci@rcpsc.edu)