



## REQUEST FOR REIMBURSEMENT

### SCHOLAR INFORMATION

LAST NAME:		FIRST NAME:	
CBIE STUDENT #:		INSTITUTION:	
STREET ADDRESS:		APARTMENT:	
CITY:	PROVINCE:	POSTAL CODE:	
TELEPHONE NUMBER:		EMAIL:	

### EXPENSES\*

LIST OF EXPENSES	AMOUNT	CURRENCY	EXCHANGE RATE (COMPLETED BY CBIE)
<b>TOTAL AMOUNT</b>			

\*Original receipts must be attached with this request

### SIGNATURE

SCHOLAR'S SIGNATURE:	DATE:
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<b>FOR CBIE USE ONLY</b>	DATE RECEIVED AT CBIE:
TOTAL AMOUNT APPROVED FOR PAYMENT:	AUTHORIZED BY:
COMMENTS:	