



REQUEST FOR TRAVEL REIMBURSEMENT

Complete and return to: Regional Education
 School of Medicine
 Queen's University
 21 Arch Street
 Abramsky Hall, Room 220
 Kingston, ON K7L 3N6

NAME: _____

STUDENT #: _____ SIN #: _____

DISCIPLINE: _____ BIRTH DATE: _____

START DATE: _____ END DATE: _____

LOCATION: Peterborough Oshawa
 Belleville Brockville
 Ottawa Markham

Other: _____

If you wish to pick up your cheque at the Regional Education office – Room 220 Abramsky Hall, please indicate here Please allow 4 to 6 weeks for receipt of this travel allowance.

MAILING ADDRESS: _____

NOTE: The cost of 1 return trip for each completed two-week period is available for reimbursement. Amounts according to community location are listed on the Regional Education Webpage. <http://meds.queensu.ca/regionaled>. Please retain your expenditure receipts for your own income tax purposes, do not submit to Regional Education Office.