



**Department of Obstetrics and Gynecology**  
**NON-TRAVEL EXPENSE REQUEST FORM**

Please submit this form in conjunction with your abstract submission (if applicable) **FORM MUST BE COMPLETED IN FULL**

Admin       Resident       Staff (Academic/Clinical)       Fellow

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

CCID: \_\_\_\_\_

Reason for Expense: \_\_\_\_\_

Have you submitted previous requests for expenses this year?  Yes  No

Alternate sources of funding: \_\_\_\_\_

Funding requested from Department: \_\_\_\_\_

**Important:** Please refer to the requirements and maximum allowances outlined in the University Non-Travel Policy when completing your anticipated budget (please note that these policies are to be used as guidelines only, internal department policies will also take in affect). All expenses must be accompanied by original receipts to qualify for reimbursement.

Anticipated Expenses	Total Expenses (CAD)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
<b>Total Anticipated Expenses</b>	\$

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please forward Non-Travel Request to Shannon Charney, APO once supervisor signature has been obtained.*

<b>For Finance Approval Only</b>	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum Amount: \$ _____	Speedcode: _____
Finance Authorization: _____	Date: _____

**NOTE: Request will not be reviewed unless fully complete and all required attachments are provided.**

**NOTE: Submission of expenses claim will ONLY be submitted after completion of purchase**