

**Expense Reimbursement Authorization Form**

**For iExpense Reimbursement or Post Travel Expense Claims:**

<b>Description of Expenses:</b>	<b>Total reimbursable amount in CDN\$ :</b>
	<b>Cost Center(s):</b>
<b>Signature PI or Grantee</b>	<b>Date: (MM/DD/YYYY)</b>
<b>Expense Authorized by Chair (Dean for Chair's expenses)</b>	<b>Date: (MM/DD/YYYY)</b>