



## Budget justification form

Name:

Home Institution:

Primary Supervisor:

Host Institution:

Host Supervisor:

- ☐ Proposed Budget (completed as part of application)  
☐ Expenses Reimbursement (completed following the visit period)

Use this form to record claimed expenses for the NMD4C Training Award. Expenses for transportation, accommodation, and a small per diem for the two-week period (up to \$2,000) can be claimed for reimbursement. Requests for additional funding will not be granted by NMD4C. Submit this form and all receipts.

## Expense Report

Expense Type	Amount Claimed	Date	Receipts
<b>Transportation</b>			
Airfare			
Train			
Taxi			
Car Mileage† (\$0.55 per km x ____ km total) †			
<b>Hotel/Lodging Costs</b>			
<b>Per Diem</b> \$50 per day (max. \$700) ‡			
Total Expense Claim			

Justification for additional expense: