Research General Reimbursement Form

Claimant Information

Department:	**Research / APPHON**
Claimant Name or Payee, and Full Mailing Address:	
Phone Number:	
Submitter E-mail:	joanne.albrecht@iwk.nshealth.ca
Cost Centre or IO:	**13600143**
Claimant E-mail:	

IWK Health

If the submit to Accounts Payable button does not generate a draft email in Outlook for you please manually email this completed excel file to iwkexpenseclaims@iwk.nshealth.ca with your approval

1 Submit Expense Claim to Approver

2 Submit to RSO Dept

3 Submit to Accounts Payable for Payment

Send back for Revision

If the button to submit expense claim to approver or submit to RSO dept does not generate a draft email in Outlook for you please manually email this form to your approver

Version 31
Date 05/11/26

Date of Trip, or Date of Expense (MM-DD-YY)	Expenses	Expense Amount ($)	Advance Amounts (if any) ($)	Cost Eligible for Reimbursement ($)	Province of Expense	Reason for Expense Reimbursement
				$ -		
				$ -		
				$ -		
				$ -		
				$ -		
				$ -		
				$ -		
				$ -		
				$ -		
				$ -		
				$ -		
				$ -		
Click Here to add extra lines above						

*** All tips should be selected as 'Tips' in the Expense list.**

*** Please submit all complete information and required attachments to avoid processing delays**

*** PLEASE MAKE SURE THE CLAIMS ARE NOT SUBMITTED TWICE**

Travel Log

Date of Trip, or Date of Expense (MM-DD-YY)	Personal vehicle usage (Staff or patient travel)	Start Destination	End Destination	Province of Expense	Personal vehicle Total (KM) Roundtrip	Expense Amount ($)	Remarks (If Any)
						$ -	
						$ -	
						$ -	
						$ -	
						$ -	
Total Amount of Expense Claim						$ -	

Click Here to Add Extra Lines Above