

## ***DFM Resident Reimbursement Request***

*To submit for reimbursement from the Resident Education Fund and/or Undergraduate Teaching Fund.*

Date:

Name:

Address:

Unit:

Claim Reason:

Amount:           \$

**Please check all applicable:**

- Resident Education Fund
- Undergraduate Teaching Fund

**PLEASE ATTACH**

- **All ORIGINAL receipts**
- **Proof of attendance**

**SEND TO:**

Finance Officer  
Department of Family Medicine UNIVERSITY  
OF OTTAWA  
43 rue Bruyère St., 346Jb  
Ottawa, ON K1N 5C8  
T 613-562-6335 ext.1635  
F 613-562-6336  
[dfmfinance@bruyere.org](mailto:dfmfinance@bruyere.org)