

## ***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  
600 Peter Morand Crescent  
Ottawa, On K1G 5Z3  
[bmoran@uottawa.ca](mailto:bmoran@uottawa.ca)