



CMAT Deployment Expense Report

Volunteer Name:	
Date of Deployment:	
Deployment Location	

Date	Type of Expense	Amount (local)	Amount (CAD)	Comments

Reimbursement amount and method:	
Date Reimbursed:	
Approved by:	

Please scan and email this form and receipts to: treasurer@canadianmedicalteams.org, then mail originals to the attention of the CMAT Treasurer at the appropriate address.