



**NSERC**  
350 Albert Street  
Ottawa, Ontario  
K1A 1H5  
Canada

**Form E-8**  
**Return Travel Claim**  
*(Visiting Fellowships in Canadian Government Laboratories)*  
Please refer to the [Visiting Fellows Award Holder's Guide](#)  
for rules and regulations on travel expenses.



Date	PIN	Application ID	
Fellow's Family Name		Fellow's First Name	
I hereby request reimbursement of the travel costs from _____ to _____.			
Name of travellers	Relationship to Fellow	Age(s) of dependent child(ren)	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Summary of expenses	Foreign currency*	Amount	CAN\$ Amount
Air fares	_____	_____	_____
Bus/train fares	_____	_____	_____
Taxis	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>Original receipts for each expense must be attached. The cancelled portion of air tickets must be included. This includes the receipt for electronic tickets and the boarding pass etc.</b>			
I certify that the information provided in this claim is complete and true in all respects and that no part of the cost of this travel is being paid by another organization.			
Fellow's signature			
Supervisor's signature		Supervisor's name	
Address (where cheque should be sent)			

\* NSERC will use the exchange rate provided by the Bank of Canada.