



Application Form for Reimbursement of Expenses

Name: _____

Address: _____

Email: _____

Current PEISMLS Member? If yes,
How many consecutive years? _____

Previous Grant? If yes, when? _____

Details of Expenses:

Expense Type	Details (Must attach all receipts)	Costs
Travel:		
Workshop:		
Education:		
Conference:		
Correspondence Course:		

Applicant's Signature: _____

Date of Application: _____

Date Received: _____

Date Cheque Sent: _____

Amount: _____

Mail to:
PO Box 20061 Sherwood
161 St. Peters Rd.
Charlottetown, PE
C1A 9E3