



To: Autism Ontario Research Committee
1179A King St. W., Ste. 004
Toronto ON M6K 3C5

From: Supervising Professor

Name of Student: _____

Program: _____

University: _____

In order for the above-named student to receive the funds for the Autism Ontario IMFAR Travel bursary, I, _____, as the supervising professor, acknowledge that I have reviewed the applicable receipts of my student, who attended a the IMFAR conference on (date) _____, 20__.

____ All of the bursary was applied to the conference.

____ A portion of the Bursary was not used for this conference. It will be applied to attendance of a future conference related to autism research.

Name of Supervising Professor: _____

Title: _____

University: _____

Address: _____

Email Address: _____

Phone #: _____

Signature of Professor