



Visitor Claimant Signature Form Request for Expense Reimbursement

This form is to be used to obtain the signature of University **visitors** who have departed prior to their electronic expense report being processed. Along with the original receipts, this form must be signed and attached to the official printed expense report. *Use of this form is not permitted for McGill employees.*

I, _____, authorize _____ to submit
(print visitor's name) (print person's name)

the following expenses on my behalf. Attached are my receipts for:

Purpose related to the expenses: _____

Expenses were incurred from: _____ to _____
(DD-MM-YY) (DD-MM-YY)

Amount of original receipt(s) attached: CAD\$ _____ USD\$ _____ Other _____

Estimated expense(s) to be incurred following departure: CAD\$ _____ USD\$ _____ Other _____
(state nature: i.e. taxi, meal) _____

Total estimated request for reimbursement in CAD\$ _____

To be completed by Requestor at time of expense report submission

True value of total estimated request for reimbursement: CAD\$ _____

Claimant's Mailing Address: *(provide complete address)*

Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Reimbursement to be issued in *(choose one)*: CAD _____ USD _____ Other *(specify)* _____

(All reimbursements in "other" currencies will be made by wire transfer. The following banking information is required to ensure successful transmission.)

IBAN #: _____

Bank SWIFT/ABA RT# *(if any)*: _____

Bank Name: _____

Bank Address: _____

Beneficiary Bank Account Number: _____

Name of Bank Account Holder: _____

I certify that all expenses submitted are accurate and in accordance with University policy and will not be used for income tax purposes. I certify that all expenses paid by the University or by any other party have been deducted. I agree to refund to the University any subsequent reimbursements from other organizations for the expenses submitted.

 Claimant's Signature

 Date