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 receipts, this form must be signed/approved and attached to the official printed expense report. *Use of this form is not permitted for McGill employees or McGill students.*

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
Total Reimbursement Amount: CAD$ _____

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

Address: _____ City:_____

State/Province: _____ Country: _____ Postal/Zip Code:_____

Tel. No: _____ Email address: _____

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: _____

Please note that McGill's bank will not deduct any fees from the amount sent to the recipient. However, the amount received may be less than the amount sent due to fees charged by the intermediary /receiving banks.

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/Approval   Date

Revised 2021-Jan-21