



FAMILY MEDICINE – PARTICIPANT / PATIENT PARTNERS REIMBURSEMENT

Participant Fees in a Research/Clinical Study: refers to payments made to participants for the purpose of research/clinical studies.

- Participant fees must not exceed \$100/day for each person participating in a research/clinical study.
- Supporting Documentation to be submitted with the Expense Report:
 - If the nature of the research is not confidential, the supporting documentation should either be receipts obtained from the Participants (showing the name of the research study, the participant's name and signature and the amount paid. If the Participant is a McGill employee or student, the McGill ID must be entered in the "Description" field. But, if confidential, a memo needs to be provided by the FFM indicating the purpose of the research and explaining that due to the confidential nature of the research, the names and addresses of recipients will not be disclosed. These receipts should be retained by the Department Research team in the event of an internal/external audit.

Payments:

- Can be made directly to the Participant, by having them fill out the Visitor's Claimant form attached, and send me a brief description of the Research taking place.
- Or an advance can be given to a McGill Staff or student (only) before hand, and an expense report can be submitted afterwards, to clear that advance with the backup receipts (of purchase with proof of payment, and acknowledgement of gift card or payment that was received) & emails.
- If Payment is over \$100/day, a one-time payment must be processed by Payroll; and as backup documents a letter and the recipient personal data form will be necessary.

Attached are examples of receipt, and proof of payment from the Bank that could be submitted along with the expense report (with a clear description of the project).

A copy of a check if no Interac payment was processed can be used as well. If the participant cannot send you back a pdf of the signed receipt, an email acknowledging payment, or you can obtain their verbal confirmation by phone and submit a file detailing these calls - are sufficient too.

But confirmation of receipt from the participant and/or confirmation of payment of the money/gift card will be required; in order to process the claims.



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 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

Date

From:

Sent: February 26, 2021 3:50 PM

To:

Subject: INTERAC e-Transfer: Participant 2 SD accepted your money transfer.

Importance: High



[View in browser](#)

| [Français](#)



H

The money transfer you sent to Participant 2 SD for the amount of \$50.00 (CAD) was accepted.

Details of the Transfer:

Message: Merci!

Please do not reply to this email.

[FAQs](#) | This is a secure transaction



INTERAC e-Transfer
The smart, secure way to send your own money.

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Email or text messages carry the notice while the financial institutions securely transfer the money using existing payment networks. For the answers to common questions please visit our [FAQs](#).

This email was sent to you by Interac Corp., the owner of the *Interac* e-Transfer service, on behalf of CIBC.

Interac Corp.
Royal Bank Plaza, North Tower, 200 Bay Street, Suite 2400
P.O. Box 45, Toronto, ON M5J 2J1
www.interac.ca

Date : _ _____

J'ai reçu un montant de 50\$ pour avoir participé au projet de recherche intitulé : «

».

Nom de la participante:

Signature de la participante:

Nom de la chercheuse:

Signature de la chercheuse:



Date

Personal and Confidential

Name

Address

Sent by email to: xxx

Dear Title and Last Name,

I would like to thank you for accepting our invitation to participate as a xxx in the (Name of research) being held on (date) at (location).

(Optional: additional information may be described here)

In recognition of your contributions, we will provide you with a one-time payment of \$xxx.

I would like to ask that you become familiar with McGill University's Policy Against Sexual Violence [policy_against_sexual_violence.pdf \(mcgill.ca\)](#) as well as McGill University's Policy on Harassment and Discrimination [policy_on_harassment_and_discrimination.pdf \(mcgill.ca\)](#).

It is the responsibility of all members of the Faculty of Medicine and Health Sciences (FMHS) to adhere to the FMHS Code of Conduct, which is available at <https://www.mcgill.ca/medhealthsci/about/our-vision-mission-values/code-conduct>.

If you are in agreement with the terms and conditions of this offer, please sign below and return this letter to (name of McGill staff member at xxxx@mcgill.ca).

If this is the first time you are being paid by McGill University, please provide your personal and banking information by filling in the attached *Biographical Information For New Employee* form and a blank, voided cheque and return it to (name of McGill staff member at xxxxx@mcgill.ca). If your address and or banking information has changed since the last time you were paid, please provide the updated information to (name of McGill staff member at xxxxxxx@mcgill.ca).

Sincerely,

Name and Title of Signing Authority (Program Director)

SIGN AND RETURN:

I accept this offer as outlined above: _____
(signature) (date)



Date

Personnel et confidentiel

Nom

Adresse

Par courriel : xxxx

Monsieur/Madame Nom de famille,

Je vous remercie d'avoir accepté notre invitation à participer en tant que XXXXXX au (nom de la recherche) qui se tiendra le (date) à (lieu).

(Facultatif : des informations supplémentaires peuvent être ajoutées ici)

Vous recevrez un paiement unique de xxx \$ pour votre intervention.

Je vous saurais gré également de vous familiariser avec la [Politique contre la violence sexuelle](#) ainsi que la [Politique sur le harcèlement et l'intimidation](#) de l'Université McGill.

Tous les membres du corps professoral sont tenus de se conformer au Code de conduite de la Faculté de médecine et des sciences de la santé (FMSS), accessible au <https://www.mcgill.ca/medhealthsci/fr/propos/vision-mission-et-valeurs/code-de-conduite>.

Si vous êtes d'accord avec les modalités de la présente offre, veuillez signer ci-dessous et renvoyer cette lettre à (nom du membre du personnel de McGill à xxxxx@mcgill.ca).

Si vous n'avez jamais reçu de paiement de la part de l'Université McGill, veuillez fournir les renseignements personnels et bancaires requis dans le formulaire ci-joint, puis envoyer le formulaire dûment rempli, accompagné d'un spécimen de chèque, à (nom du membre du personnel de McGill à xxxxx@mcgill.ca). Si votre adresse ou vos renseignements bancaires ont changé depuis le dernier paiement, veuillez mettre à jour vos informations en contactant (nom du membre du personnel de McGill à xxxxxxx@mcgill.ca).

Meilleures salutations,

Nom et titre du signataire

VEUILLEZ SIGNER ET RETOURNER :

J'accepte l'offre précisée ci-dessus : _____
(signature) (date)



Personal Data Form

(Please forward the completed form to your department – contact information appears in the offer letter. This information is used for employment purposes only and is kept confidential.)

Last Name:	<input type="text"/>	First Name(s):	<input type="text"/>
Prefix (e.g. Mrs., Mr. Dr.):	<input type="text"/>	Gender:	<input type="text"/>
Date of Birth:	<input type="text"/>	Canadian Social Insurance Number:	<input type="text"/>
		McGill I.D. Number:	<input type="text"/>

Country of Citizenship:	<input type="text"/>
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Status in Canada, if not Canadian Citizen (choose one):

Work Permit	OR	Study Permit	
Authorization Number: U	<input type="text"/>	F <input type="text"/>	
Start Date:	<input type="text"/>	Expiry Date:	<input type="text"/>

Permanent Resident

Work and Reside Outside Canada
Yes <input type="checkbox"/> No <input type="checkbox"/>

Attach a legible copy of the study/work permit or Permanent Resident card (both sides)

Home Address & Email

Address:	<input type="text"/>		
City:	<input type="text"/>		
Province/State:	<input type="text"/>		
Country:	<input type="text"/>		
Postal/Zip Code:	<input type="text"/>		
Telephone: (Home)	<input type="text"/>	(Cell)	<input type="text"/>
Personal Email address:	<input type="text"/>		

Emergency Contact Information

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Relationship:	<input type="text"/>
Address:	<input type="text"/>
Telephone (Home):	<input type="text"/>
Telephone (Cell):	<input type="text"/>
Email:	<input type="text"/>