

FAMILY MEDICINE - REIMBURSEMENT PROCEDURE

One expense report can be filed per event, per person; therefore, please ensure Claimants provide their *scanned* receipts and proofs of payment *in one request*:

Receipts

- o Airfare, rail, bus e-ticket & boarding passes
- o Mileage & Google map
 - Filometer allowance or the actual cost of gas not exceeding equivalent rail or economy airfare may be claimed. May not claim both mileage and gas.
- o Hotel
- o Meals detailed restaurant receipt or per diem amount will be given
- o Taxi, Uber

• Proof of payment:

- o Invoice/ bill/ receipt showing payment made by VSxxx, MC xxx, 'PAID' or a 'ZERO BALANCE'
- o or credit card statement with 4 digits of card number, and card holder name appearing
- o or credit/debit card chit
- o if payment made by cash, indicate on item description "PAID IN CASH"
- Program Director's email approval
- Certificate of participation
- Conference agenda/program

for Visitors

- Visitor's Claimant form attached
- Letter/email invitation indicating travel allocation amount if appropriate

for Non-Travel Expenses

- Explanation of what was purchased and justification on how it relates to the project (meeting agenda/minutes)
- Gifts Recipient's name & ID if McGill Staff or Student

Reminder:

All receipts must include: Identification of the Supplier / Identification of the buyer / Full description of what was purchased / How much was paid, along with proof of payment indication

Scanned images must be of good quality and are legible and readable when displayed on a computer screen and reproduced on paper.

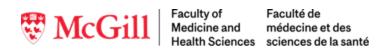
Seats in a fare class greater than the highest economy are *only permitted for flights outside of North America* and *require prior approval of the Claimant's Dean* or Vice-Principal/Provost. *Business Class Authorization memo - attached*

When a purchased airfare includes costs which are not a necessary consequence of travel on behalf of the University, a **quotation for the itinerary purely related to University business** (i.e. that excludes avoidable stopovers and trip extensions) must be attached to the advance and/or Expense Report. The quotation for the itinerary purely related to University business must be obtained on the same day and within two (2) hours of the actual airfare ticket that was booked. The quotation must include the travel management company name/website, day, time, and must be for the lowest logical airfare. The Claimant will be reimbursed the lowest airfare.

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

I,(print visitor's name)	, authorize			to submit	
(print visitor's name)		(print person's name)		
the following expenses on my behalf. Attach	ed are my receipt	s for:			
Purpose related to the expenses:				<u> </u>	
Expenses were incurred from:(DD-		to			
(DD-	MM-YY)		(DD-MM-YY)		
Amount of original receipt(s) attached: CADS	S	USD\$_	0	ther	
Estimated expense(s) to be incurred followin	g departure: CADS	\$	USD\$	Other	
(state nature: i.e. taxi, meal)					
Total estimated request for reimbursement in CAD\$					
To be completed by Requestor at time of exp	onso roport subm	ission			
Total Reimbursement Amount: CAD\$					
Claimant's Mailing Address: (provide complete	address)				
Address:		City:_			
State/Province:	_ Country:		Postal/Zip	Code:	
Tel. No:	Email addre	ess:			
Reimbursement to be issued in (choose on	ne): CAD	USD	Other (speci	ify)*	
*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):			Ple	ease note that McGill's	
			ba	nk will not deduct any	
Bank Name:				es from the amount nt to the recipient.	
Bank Address:			Ho	wever, the amount	
				ceived may be less an the amount sent	
			du	e to fees charged by	
Beneficiary Bank Account Number:				e intermediary eceiving banks.	
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			



MEMORANDUM

TO: Dr. L	esley Fellows				
FROM:					
DATE:					
SUBJECT: Business class airfare authorization					
Name of traveler:					
Purpose of the trip (include dates of travel): (If travel dates are different from the conference/meeting date, please include explanation)					
Travel details (incl. total airfare and reason for business travel): (Please attach all supporting documents, including meeting invite/agenda/schedule) Fund used to cover cost: FST approval (fund eligibility and fund availability):					
Requested by:					
	Name	Title	Signature		
Approved by:	Name	Chair / Director Title	Signature		
	Dr. Lesley Fellows Name	VP / Dean Title	Signature		