



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**
 - Airfare, rail, bus e-ticket & boarding passes
 - Mileage & Google map
 - Kilometer allowance or the actual cost of gas *not exceeding equivalent rail or economy airfare* may be claimed. May **not claim both mileage and gas**.
 - Hotel
 - Meals – *detailed restaurant receipt or per diem amount will be given*
 - Taxi, Uber
- **Proof of payment:**
 - Invoice/ bill/ receipt showing payment made by *VSxxx, MC xxx, 'PAID'* or a *'ZERO BALANCE'*
 - or credit card statement with *4 digits of card number*, and *card holder name* appearing
 - or credit/ debit card chit
 - 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.*

Finance Team can be reached at reimbursement.fammed@mcgill.ca



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

