

Instructions to submit an Expense Report for the reimbursement of personal protective equipment (PPE) during student field experience/ internship

Internships and Student Affairs Office, Faculty of Education, McGill University

IMPORTANT - General eligibility criteria:

Please note that student teachers are only eligible to request reimbursement for PPE if a) the school is requiring the use of medical grade/disposable masks during the duration of the field experience/ internship **and** b) the school is not providing these to student teachers. Reimbursement can only be provided if original receipts/ proof of payment is provided. The maximum to be requested per student teacher is \$105 plus taxes (3 boxes of \$35 plus taxes).

1. Before starting the Expense Report:

Please enter your Direct Deposit Bank Account information through the Student Menu in Minerva!

2. Start an Expense Reimbursement:

➔ Please go to www.mcgill.ca/minerva and enter your McGill e-mail address and credentials

➔ **Select:** Student Menu

➔ **Select:**

- Expense Reports Menu
- Submit an Expense Report
- Start an Expense Report to be Finished by Someone else

➔ **Please enter the following information in the header of the Expense Report:** (see "Attachment_Header Information" p. 3)

Responsible McGill ID:	Enter <u>your</u> McGill ID No
Destination City:	Mtl
Province:	From the drop-down select: QC
Country:	Canada
Start Date:	Start date of your Field Experience/ Internship
End Date:	End date of your Field Experience/ Internship
Purpose:	Select from the drop-down: Other Personal Reimbursements
Detail Purpose:	Reimbursement for the purchase of medical grade masks to be used during my field experience/ internship [type of field experience] at

[name of the school] from xxx to xxx [enter duration of the field experience].

Default Fund Code: [Leave blank]

Claimant Affiliation: [Leave blank]

To be completed by the Reviewer: From the drop-down – select: **Education – Dean’s Office** (see “Attachment_Reviewer-Dropdown p. 6)

➔ **Click: Continue** (at the bottom of the header)

A new window will pop up (see “Attachment_Item Details p. 7)

Receipt Date: Enter the date of the receipt the item was purchased

Expense Item: From the drop-down select: Materials and Supplies

Description: Enter the description of the item, where it was purchased and the purpose

Transaction Amount: Enter the total amount of the receipt and tab. **Please note that the maximum amount to be claimed per box of 50 masks is \$35 plus taxes. Any excess amount will have to be included as a non-McGill expense (see below)**

Deduct Non-McGill Expense: If other (personal) expenses are included on the receipt, enter the total amount of the personal expenses including taxes, to be deducted from the receipt total in the **Deduct non-McGill expenses**. Press tab, tab and the system will calculate and enter the amount in the following boxes including taxes.

Currency: Canadian

Purchasing Location: Quebec Location

➔ **Click: Save and View**

➔ Review the report and if everything is ok click on: **Forward to Reviewer**

➔ Please sign in the claimant box on the report (electronic signature, see <https://helpx.adobe.com/ca/acrobat/using/fill-and-sign.html> for instructions or print, sign and scan) and send it along with **original receipts and proof of payment** all merged in **one pdf document** to: finance.educ@mcgill.ca

3 Attachment Header Information

Start an Expense Report to be finished by Someone Else

Header Information

<i>Requested by</i>				
McGill ID	Name	Departmental address	Phone #	E-Mail
	Diwan Rukhsana	Education - Dean'S Office Room 440 Education Building QC *168	398-7349	rukhsana.diwan@mcgill.ca

* - indicates a required field.

**Responsible
McGill ID***

Enter ID of McGill faculty/staff or student claiming the reimbursement. If the claimant is a Visitor or to pay a Vendor/Organization, fill in the Third Party Payment section below and the Responsible ID should be the FFM of one of the funds charged. **For Research grants, if the claimant is other than the grantee, the affiliation with the grantee's research group must be specified in the 'Describe Purpose' field below**

Destination city*

Province/State*

**Destination
country***

Start date*

Return date*

Purpose*

**Describe
purpose***

Type "Mtl" for "Montreal" if not related to travel

Select "Q" for "Quebec" if not related to travel

Leave as "Canada" if not related to travel

Conference Start Date/Travel
Departure Date/Date of Oldest
Receipt

Conference End Date/Travel
Return Date/Date of Most
Recent Receipt

E.g. Name of conference(no
acronyms, for research
grants,official documentation is
required e.g. prospectus or
program, indicating the dates of
conferences and workshops),
Research details.

**Default Fund
Code**

**Claimant
Affiliation**

For claimants other than the
grantee, the affiliation with the
grantee's research group must

be specified (E.g. Graduate Student, Research Staff, Visiting Researcher). For payments to vendors indicate who the expense is for and their affiliation to the research group.

Note: If completing the 3rd party section, you must come back to this field and override the displayed text of "Principal Investigator". This can only be done after the required fields have been completed below.

To be completed by Reviewer*

Third Party payments - this section is to be used when paying one of the following: 1. Visitor
2. Vendor/Organization.

This section should not be filled in if the payment is being made to a McGill faculty/staff or student directly. EXR

Is the claimant a resident outside of Canada?*

Last name/Vendor name*

For research grants, if the claimant is other than the grantee, the affiliation with the grantee 's research group must be specified in the 'Describe Purpose' field above

First name

Payment Details*

Only the first thirty (30) characters will be printed on the cheque stub

Cheque Currency type*

If "Other" is chosen please specify which currency in "Describe Purpose"

Street line 1*

Street line 2

Street line 3

City*

Province/State*

Country*

Postal/Zip code*

Phone number

E-mail address

Before clicking on the Continue button, if you completed the Third Party section and charging a research grant, scroll back up and override the default text in the Claimant Affiliation field.

RELEASE: 1.100

NOTICE: Are you receiving "Page not working" or "Page can't be displayed" errors?

If you are using Internet Explorer or Microsoft Edge, try switching to Chrome or Firefox. If the issue still persists, please report it to the IT Service Desk at (514) 398-3398. If you can take a screenshot from Minerva, it will also help us.

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Attachment Reviewer-Dropdown

horizon.mcgill.ca

Destination city*

Province/State*

Destination country*

Start date*

Return date*

Purpose*

Describe purpose*

Default Fund Code

Claimant Affiliation

To be completed by Reviewer*

Third Party payments - this section should not be filled

Is the claimant a resident outside of Canada?*

Last name/Vendor name*

First name

Payment Details*

Chemical Engineering
Chemistry
Crimmt
Clinical Research
Clinical Trials Operations - Oncolo
Cognitive Neuroscience Unit
Communications
Complex Neural System
Continuing Studies - Dean's Office
Dentistry
Department of Medicine
Deputy Provost - Student L&L
Desautels Faculty Of Management
Earth And Planetary Sciences
East Asian Studies
Education - Dean's Office
Educational Counselling Psychology
Electrical & Computer Engineering
Engineering
Enrolment Services
Epidemiology & Biostatistics
Faculty Agricultural & Environmenta
Faculty Of Law
Faculty Of Science
Family Medicine
Food Science And Agricultural Chem
French Language And Literature
French Language Centre
Gerald Bronfman Dept Oncology
Goodman Cancer Centre

Type "MTL" for "Montreal" if not related to travel
Select "Q" for "Quebec" if not related to travel
Leave as "Canada" if not related to travel
Conference Start Date/Travel Departure Date/Date of Oldest Receipt
Conference End Date/Travel Return Date/Date of Most Recent Receipt

E.g. Name of conference(no acronyms, for research grants,official documentation is required e.g. prospectus or program, indicating the dates of conferences and workshops), Research details.

For claimants other than the grantee, the affiliation with the grantee's research group must be specified (E.g. Graduate Student, Research Staff, Visiting Researcher). For payments to vendors indicate who the expense is for and their affiliation to the research group.
Note: If completing the 3rd party section, you must come back to this field and override the displayed text of "Principal Investigator". This can only be done after the required fields have been completed below.


following: 1.Visitor 2.Vendor/Organization.
faculty/staff or student directly.EXR


For research grants, if the claimant is other than the grantee, the affiliation with the grantee 's research group must be specified in the 'Describe Purpose' field above

Only the first thirty (30) characters will be printed on the cheque stub

Attachment Item Details


Start an Expense Report to be finished by Someone Else

 If you do not know the FOAPAL, leave this field blank. It will be completed by the Reviewer

 If an expense amount is to be shared by more than one FOAPAL, create as many expense items as needed and charge the appropriate amount to each FOAPAL. (e.g. Airfare expense amount is \$1,000 and is to be shared by two FOAPALs. Create two Airfare expense items: FOAPAL 1 (may be blank) = \$600, FOAPAL 2 (may be blank) = \$400).

FOAPAL Information for reference # 01000511

* - indicates a required field.

Item # 1 Receipt date*	<input type="text"/>		Expense item*	<input type="text" value="Select..."/>
Description	* <input type="text"/>		# of Kilometers/Miles	<input type="text"/>
eg: Name of airline/hotel (Do not enter quotation marks " ")				
Taxes to be included in Transaction amt and non-McGill expense				
Transaction amt \$ *	<input type="text"/>	- Deduct non-McGill expense including taxes \$ *	<input type="text" value="0"/>	= Allowable Expense amt \$ *
Currency*	<input type="text" value="Canadian"/>	Currency exchange rate	<input type="text" value="1"/>	Allowable Expense amt CDN \$
Purchasing location*	<input type="text" value="Quebec Location"/>	GST/HST \$ *	<input type="text"/>	QST \$ *
Fund	Orgn	Acct*	Prog	Actv*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="000000"/>
				<input type="text" value="000000"/>

RELEASE: 1.100

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