

2009

CLINICAL TEACHERS ASSOCIATION
PROFESSIONAL EXPENSE REIMBURSEMENT
INSTRUCTIONS FOR COMPLETING CLAIM FORM

1. Type or print legibly. Shaded areas are for Financial Services use.

2. The Professional Expense Reimbursement (PER) is \$900.00 for the calendar year 2009. Eligible full-time Members may submit a claim for reimbursement at any time as long as the claim is for eligible expenses greater than \$500.00. All forms and receipts must be sent to Financial Services, Suite 6100, Support Services Building no later than March 31, 2011.

If your banking information is on file in the Human Resources system, your PER will be paid by direct deposit to your payroll bank account.

3. The claim form, with original receipts attached, must be signed by the faculty member, and then forwarded to the Department Chair's Office or in the case of Faculties/Schools without departments to the Dean's Office for approval. The Dean or Department Chair is responsible for reviewing the claim and ensuring that the listed expenses pertain to the Member's specific discipline or teaching duties prior to approving the payment.

4. The original receipts should indicate clearly the amount paid and the nature of the expenditure. For example, a cash register tape from a supplier must be supplemented by a description of the item being purchased. Receipts submitted must be dated within the eligible period of the claim (January 1, 2009 – December 31, 2010). **In the case of Internet access, submission of receipts from the start of the service in that calendar year and two subsequent receipts showing continuation of the service throughout the year is required.**

5. The following expenses incurred by faculty members are eligible for reimbursement.

- membership fees for professional and/or learned societies related to the Member's discipline;
- subscriptions to professional and/or learned journals;
- books, instruments, supplies, materials, computer software, the purchase or lease of equipment and services (see Note 6);
- registration fees for the Member to attend scholarly conferences;
- transportation, food and accommodation, according to the University travel policies, for the Member for professionally related courses, conferences, meetings, seminars or workshops and to visit other universities or research sites to conduct research and scholarly work; and
- page and reprint charges or costs incurred in the preparation and completion of scholarly manuscripts.

6. Equipment is eligible and remains the property of The University of Western Ontario. The equipment must be used primarily for work purposes. Personal use of equipment should be incidental, less than 10%. The reimbursement must purchase the equipment outright. There can be no financial contribution from the Member. Upgrades to personal computers are not eligible. Upgrades to University-owned computers are acceptable. Furniture is not eligible. Equipment receipts can only be submitted when there are sufficient funds in the Member's PER account to cover the full cost of the equipment.

7. Financial Services will retain all original receipts. If the receipts total more than the maximum allowable claim and the Member wishes to have receipts returned for another purpose, Financial Services will mark the amount which was reimbursed by UWO on the original receipt, photocopy the receipt for their records, and return the defaced original.

8. Reimbursement of expenses under this plan is subject to acceptance of the plan by Canada Revenue Agency (CRA) as a non-taxable benefit. Therefore, all goods purchased under this plan are considered to be property of The University of Western Ontario.

**PROFESSIONAL EXPENSE REIMBURSEMENT
CLINICAL TEACHERS ASSOCIATION
FOR JAN. 1, 2009 – DEC. 31, 2010
SEE INSTRUCTIONS ON REVERSE**



Western

**THE UNIVERSITY OF WESTERN ONTARIO
FINANCIAL SERVICES
TRAVEL SECTION, EXT. 85499
SUITE 6100, SUPPORT SERVICES BUILDING
travel@uwo.ca**

CONTROL#

ZC9

VENDOR #

9

Y Y M M D D

UWO EMPLOYEE NUMBER

SURNAME (Please Print)

GIVEN NAME

FACULTY/SCHOOL//DEPARTMENT (or off-campus address)

PHONE NUMBER

EXTENSION

ROOM NUMBER - BUILDING (or off-campus address)

E-MAIL

MAXIMUM REIMBURSEMENT \$900.00 (01/01/09 - 12/31/10)

CITY

POSTAL CODE

| Expense Category | Name of Professional Association/Supplier | Receipt Total | Deduct Personal/ Previously Claimed | Currency & Exchange | Claim Amount |
|--|---|---------------|-------------------------------------|---------------------|--------------|
| Membership/ Registration Fees | | | | | |
| Equipment (See note 6 over) | | | | | |
| Computer Software | | | | | |
| Travel Expenses (State purpose) | | | | | |
| Supplies (including – subscriptions, reprints, Internet and books) | | | | | |

ORIGINAL receipts must be attached.

Send completed form to Financial Services, Suite 6100

Support Services Building. **FILING DEADLINE IS MARCH 31, 2011.**

DO NOT WRITE IN SHADED AREAS

Total \$

| | SPEED CODE | ACCOUNT | TOTAL | PST | GST |
|-------------------------------|------------|---------|-------|-----|-----|
| Membership/ Registration Fees | PBM8 | 631400 | | | |
| Equipment | PBM8 | 605400 | | | |
| Computer Software | PBM8 | 621250 | | | |
| Travel Expenses | PBM8 | 645000 | | | |
| Supplies | PBM8 | 622000 | | | |
| TOTAL | | | \$ | | |

SIGNATURE OF CLAIMANT

SIGNATURE OF CHAIR/DEAN/VICE-PRESIDENT