

Instructions for paper Professional Expense Reimbursement (PER) claims:

- Complete all fields, attach original receipts and submit to your supervisor (Chair/Director/Dean/Vice-President) for approval
- Forward approved form and supporting documentation to Financial Services, Support Services Building (SSB), Suite 6100 OR

Email approved form and supporting documentation to reimburse@uwo.ca

- Reimbursements will be paid by direct deposit to your bank account listed in your MyHR profile

DATE

## EMPLOYEE NUMBER

**EMPLOYEE EMAIL** 

SURNAME, GIVEN NAME

**PHONE NUMBER** 

| Expense<br>Category | Details<br>(Name of Association/ Supplier,<br>Business Purpose, Dates, etc.) | Total Expense<br>(Amount per<br>Receipt) | Less: Personal<br>Portion of Expense | Expense Amount<br>Claimed<br>(Total Receipt –<br>Personal Amount) |
|---------------------|------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|-------------------------------------------------------------------|
| Membership/         |                                                                              |                                          |                                      | -                                                                 |
| Registration        |                                                                              |                                          |                                      |                                                                   |
| Fees                |                                                                              |                                          |                                      |                                                                   |
| Computer            |                                                                              |                                          |                                      |                                                                   |
| Software            |                                                                              |                                          |                                      |                                                                   |
| Equipment           |                                                                              |                                          |                                      |                                                                   |
| Travel              |                                                                              |                                          |                                      |                                                                   |
| Supplies            |                                                                              |                                          |                                      |                                                                   |
|                     |                                                                              |                                          |                                      | \$                                                                |

Total

Signature of Claimant

Signature of Chair/Director/Dean/Vice-President

Name of Chair/Director/Dean/Vice-President