

PROFESSIONAL EXPENSE REIMBURSEMENT PAPER CLAIM FORM
 FULL-TIME FACULTY - JANUARY 1, 2019 to DECEMBER 31, 2019



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
- 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 Category	Details (Name of Association/ Supplier, Business Purpose, Dates, etc.)	Total Expense (Amount per Receipt)	Less: Personal Portion of Expense	Expense Amount Claimed (Total Receipt – 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 _____

Forward approved form and original receipts to Financial Services, Support Services Building (SSB) 6100 for processing.