

**PROFESSIONAL EXPENSE REIMBURSEMENT PAPER CLAIM FORM**  
 PART-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				
<b>Total</b>				\$

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.**