

PROFESSIONAL EXPENSE REIMBURSEMENT PAPER CLAIM FORM
 PART-TIME FACULTY - JANUARY 1, 2018 to DECEMBER 31, 2018



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.