

REIMBURSEMENT CLAIM FORM

Early Modern Conversions Project
McGill University
3610 McTavish St, Office 16-2 (1st Floor)
Montreal, QC H3A1Y2

Please complete and sign this form and submit it along with original receipts to the above address. All claims for travel expenses must abide by the EMC Travel Policy (see following). **Claimants who do not have a McGill identification number will also have to submit the Visitor Claimant Form (also following).**

You must submit all forms with an **original wet signature**. A scan or a copy will not be accepted.

Co-Investigators travelling on sub-grant stipends should submit reimbursement requests to their home departments and/or institutions, rather than using this form.

All requests must be submitted within 30 days of the last day of travel.

For expeditious processing, please take careful note of the following guidelines:

Receipts

Claimants must provide receipts for all travel reimbursements (with the exception of meals, see below). For air, rail or bus travel booked online in advance, please submit the **booking confirmation** sent to you from the vendor by email. This will need to show the **date of purchase and full itinerary as well as proof of payment** (usually an indication that fare was paid in full by credit card, with the last four digits of the card provided). The same would apply for train or bus tickets purchased in advance. For train or bus fares paid on the day of travel, please submit the purchase receipt (this may be the ticket itself in some instances). For travel by taxi please submit receipts filled out in full (including the date). As a safeguard, claimants should photocopy any non-replaceable receipts (e.g., taxi receipts, train tickets) before posting. **Please provide boarding passes whenever possible.**

Meals

Claimants do not have to submit receipts for meals. In order to keep costs and administrative workloads manageable, we will reimburse claimants for meals during periods of travel by way of per diems when the meals are not included in travel or hotel bookings or otherwise provided by event hosts. The McGill per diem rates are currently \$10 for breakfast, \$16 for lunch, and \$28 for dinner within Canada, and \$12/\$21/\$37 abroad.

Delay

Please note that the reimbursement process is long and involves several steps and departments. Expect **at least 2 months for payment to be issued from the moment the process has started at McGill**. We will not start an inquiry process until it has been more than 3 months since the McGill report was drawn. Depending on volume, this report is usually completed within 2 weeks after the claim and receipts have been received.

NAME OF CLAIMANT	
*MCGILL ID#	
DESTINATION CITY	
PROVINCE/STATE	
DESTINATION COUNTRY	
START DATE (E.g. 27-Jan-2015)	
RETURN DATE	

**If you do not have a McGill ID#, you will also have to fill out the Visitor Claimant Form, see following.*

DESCRIBE THE PURPOSE OF YOUR TRIP:

(E.g. "Presentation for the 'Theatres of Conversion' Workshop at the University of Toronto").

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AWARD TYPE, AMOUNT, AND DATE:

If you are claiming reimbursement deriving from an EMC Award (for example, a Collaboration Fund award, or a Research Travel & Dissemination Fund award), please fill in the details of the award, please fill in the details below. If your claim does not connect to an award, you may leave this section blank.

TYPE (E.g., 'RTD' or 'Collaboration')	
AMOUNT (If applicable)	
DATE (Approximate date when you received notice of the award)	



Visitor Claimant Signature Form Request for Expense Reimbursement

This form is to be used to obtain the signature of University **visitors** who have departed prior to their electronic expense report being processed. Along with the original receipts, this form must be signed and attached to the official printed expense report. *Use of this form is not permitted for McGill employees.*

I, _____, authorize PROF. PAUL YACHNIN to submit
(print visitor's name) (print person's name)

the following expenses on my behalf. Attached are my receipts for:

Purpose related to the expenses: _____

Expenses were incurred from: _____ to _____
(DD-MM-YY) (DD-MM-YY)

Amount of original receipt(s) attached: CAD\$ _____ USD\$ _____ Other _____

Estimated expense(s) to be incurred following departure: CAD\$ _____ USD\$ _____ Other _____
(state nature: i.e. taxi, meal) _____

Total estimated request for reimbursement in CAD\$ _____

To be completed by Requestor at time of expense report submission

True value of total estimated request for reimbursement: CAD\$ _____

Claimant's Mailing Address: *(provide complete address)*

Address: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Reimbursement to be issued in (choose one): CAD _____ USD _____ Other *(specify)* _____

(All reimbursements in "other" currencies will be made by wire transfer. The following banking information is required to ensure successful transmission.)

IBAN #: _____

Bank SWIFT/ABA RT# *(if any)*: _____

Bank Name: _____

Bank Address: _____

Beneficiary Bank Account Number: _____

Name of Bank Account Holder: _____

I certify that all expenses submitted are accurate and in accordance with University policy and will not be used for income tax purposes. I certify that all expenses paid by the University or by any other party have been deducted. I agree to refund to the University any subsequent reimbursements from other organizations for the expenses submitted.

Claimant's Signature

Date