



## 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 _____ 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) _____	
<b>Total estimated request for reimbursement in CAD\$</b> _____	
To be completed by Requestor at time of expense report submission	
<b>True value of total estimated request for reimbursement: CAD\$</b> _____	
Claimant's Mailing Address: <i>(provide complete address)</i>	
Address: _____ City: _____	
State/Province: _____ Country: _____ Postal/Zip Code: _____	
Tel. No: _____ Email address: _____	
<b>Reimbursement to be issued in (choose one):</b> CAD _____ USD _____ Other <i>(specify)</i> _____	
<i>(All reimbursements in "other" currencies will be made by wire transfer. The following banking information is required to ensure successful transmission.)</i>	
IBAN #: _____	
Bank SWIFT/ABA RT# <i>(if any)</i> : _____	
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