



## 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) \_\_\_\_\_

**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