



## 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. *I gY`cZh`jg`Zcfa`jg`bch`dYfa`jH`YX`Zc`f`A`W`j`Y`a`d`cm`Y`Yg`c`f`A`W`j`g`hi`XY`b`hg`*

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

**Total Reimbursement Amount CAD\$:** \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Email address: \_\_\_\_\_

**Reimbursement to be issued in *fkhoose one*:** CAD \_\_\_\_\_ USD \_\_\_\_\_ Other (*gdYVWZn*) \_\_\_\_\_

*fB`fY`ja`Vi`fg`Ya`Y`b`hg`j`b`"other" `W`ff`Y`b`V`Y`g`k`j`V`Y`a`UX`Y`V`mk`j`f`Y`f`U`b`g`Z`Y`f`"H`Y`Z`c`ck`j`b`[`V`U`b`\_]`b`[`j`b`Z`c`f`a`U`h`c`b`j`g`f`Y`e`i`j`f`Y`X`h`c`Y`b`g`i`f`Y`g`i`V`W`Y`g`g`Z`i`f`U`b`g`a`j`g`g`c`b`"L`*

IBAN #: \_\_\_\_\_

Bank SWIFT/ABA RT# (*JZUbn*): \_\_\_\_\_

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