



## McMaster Pediatric Residency Program- Expense Reimbursement

### Name of Claimant:

**\*Please select one status:** Resident                      Program/Associate Program Director                      Program Coordinator/Assistant

### Date of Submission:

### Claimant mailing address:

### Reason for expense reimbursement:

(\*select all that apply):

Travel for mandatory Rotation

Misc. Expenses

Conference

Research Presentation

### Total amount claimant is requesting to be reimbursed:

\*Specify Currency

### Location of travel/purchase/rotation:

### Dates of travel/purchase/rotation:

### Signature of Claimant:

***Please note: For quicker processing times, it is recommended that you scan all of your receipts/documents and email them to the Program Office at [peded@mcmaster.ca](mailto:peded@mcmaster.ca). Please note that as per the MacPeds funding policy reimbursement for expenses must be submitted within 60 days of the purchase or within 60 days of the end of the rotation. Thank you!***

### If submitting flight expenses, do you have the following?

Flight itinerary showing flights & cost showing all taxes (HST, GST etc.)

Credit card/bank statement with the same cost on flight itinerary

### If submitting travel by car/train/taxi/limo/bus expenses, do you have the following?

If claiming mileage with personal vehicle: Provide Google Maps with start and finish location

If claiming rental car: Itemized receipt and credit card/bank statement with the same car rental costs

If claiming train/taxi/limo: Itemized receipt (card from driver with amount is acceptable) and credit card/bank statement with the same costs

If claiming 407/ETR for Brampton rotation, submit copy of paid ETR bill and credit/card bank statement with the same cost



**If submitting conference/research presentation expenses, do you have the following?**

If claiming hotel/lodging: Claimant must submit hotel folio, itemized receipt and credit card/bank statement with the same costs

If claiming meals/room service at the hotel: Claimant must submit itemized receipt and credit card/bank statement with the same costs. If you are claiming a group meal, claimant must provide a list of attendees and an agenda

If claiming for a conference, proof of conference registration must be provided. Claimant must submit registration confirmation along with credit card/bank statement with the same associated costs. Also, provide proof of attendance

If claiming for a research presentation, please submit acceptance of research

**Notes from Claimant:**

**For Office Use Only:**

**Fund:                      Account:    Department:    Program:**

**Name of person submitting expense report:**

**Voucher/Expense Report #**

**Amount to be reimbursed to claimant:**

**Notes from one completing the reimbursement/Program Office:**