

DEPARTMENT OF SURGERY
EXPENSE REPORT - NON-MCMaster-EMPLOYEES



NAME:

EMAIL ADDRESS:

MAILING ADDRESS:

DATE OF TRAVEL:

PURPOSE:

LOCATION:

ACCOUNT:

AMOUNT:

(IS THERE A MAXIMUM?)

SIGNATURE OF CLAIMANT:

SIGNATURE OF THE APPROVER:

(PROGRAM DIRECTOR FOR CHARGES TO RESIDENCY PROGRAM FUND 20)
 (DIVISION HEAD FOR CHARGES TO THE DIVISION FUND 78)

NAME OF THE APPROVER:

EXPENSE TYPE	RECEIPT REQUIREMENT Please attach original receipts	AMOUNT
CONFERENCE REGISTRATION	<input style="width: 20px; height: 15px;" type="checkbox"/> REGISTRATION FORM	
	<input style="width: 20px; height: 15px;" type="checkbox"/> CREDIT CARD STATEMENT	
	<input style="width: 20px; height: 15px;" type="checkbox"/> IF ITEMIZED RECEIPT DOES NOT SHOW PAYMENT OR CURRENCY EXCHANGE	
	<input style="width: 20px; height: 15px;" type="checkbox"/>	
AIRFARE	<input style="width: 20px; height: 15px;" type="checkbox"/> FLIGHT ITINERARY SHOWING FLIGHT AND PMT	
	<input style="width: 20px; height: 15px;" type="checkbox"/> BOARDING PASSES	
	<input style="width: 20px; height: 15px;" type="checkbox"/> CREDIT CARD STATEMENT	
	<input style="width: 20px; height: 15px;" type="checkbox"/> IF ITEMIZED RECEIPT DOES NOT SHOW PAYMENT OR CURRENCY EXCHANGE	
	<input style="width: 20px; height: 15px;" type="checkbox"/> BAGGAGE FEES	

HOTEL	<input type="checkbox"/>	ORIGINAL HOTEL INVOICE WITH ZERO BALANCE	
	<input type="checkbox"/>	ORIGINAL ITEMIZED RECEIPTS FOR MEALS AT THE HOTEL	
	<input type="checkbox"/>	CREDIT CARD STATEMENT	
		IF ITEMIZED RECEIPT DOES NOT SHOW PAYMENT OR CURRENCY EXCHANGE	

TRAVEL BY PERSONAL CAR	<input type="checkbox"/>	GOOGLE MAP SHOWING ORIGIN AND DESTINATION & MILEAGE CLAIMED (X2 IF RETURN)	
		\$0.55/km for first 5000km (2015)	
	<input type="checkbox"/>	ORIGINAL PARKING RECEIPTS	

TRAVEL BY RENTAL CAR	<input type="checkbox"/>	ORIGINAL ITEMIZED RECEIPT FOR CAR RENTAL	
	<input type="checkbox"/>	ORIGINAL ITEMIZED RECEIPT FOR GAS	
	<input type="checkbox"/>	ORIGINAL PARKING RECEIPTS	

PUBLIC TRANSPORTATION TRAIN/BUS/TAXI/LIMO	<input type="checkbox"/>	ORIGINAL ITEMIZED RECEIPTS	
	<input type="checkbox"/>	CREDIT CARD STATEMENT	
		IF ITEMIZED RECEIPT DOES NOT SHOW PAYMENT OR CURRENCY EXCHANGE	
	<input type="checkbox"/>	MISSING RECEIPT FORM FOR CITY TRANSPORT	

MEALS	<input type="checkbox"/>	ORIGINAL ITEMIZED RECEIPTS	
		CREDIT CARD RECEIPT ALONE IS NOT ENOUGH	

OTHER	<input type="checkbox"/>	PLEASE SPECIFY	

TOTAL

=====

IF ANY OF THE ORIGINAL ITEMIZED RECEIPTS ARE NOT PROVIDED, PLEASE FILL AND SIGN THE MISSING RECEIPT AUTHORIZATION

NOTES: