

**PROFESSIONAL EXPENSE REIMBURSEMENT PAPER CLAIM FORM**  
 POSTDOCTORAL ASSOCIATES - JANUARY 1, 2023 to DECEMBER 31, 2023



*Instructions for paper Professional Expense Reimbursement (PER) claims:*

- Complete all fields, attach original receipts and submit to your Chair for approval
  
- Forward approved form and supporting documentation to Financial Services, Support Services Building (SSB), Suite 6100  
 OR  
 Email approved form and supporting documentation to [reimburse@uwo.ca](mailto:reimburse@uwo.ca)
  
- Reimbursements will be paid by direct deposit to your bank account listed in your MyHR profile

**DATE**

**EMPLOYEE NUMBER**

**EMPLOYEE EMAIL**

**SURNAME, GIVEN NAME**

**PHONE NUMBER**

Expense Category	Details (Name of Association/ Supplier, Business Purpose, Dates, etc.)	Total Expense (Amount per Receipt)	Less: Personal Portion of Expense	Expense Amount Claimed (Total Receipt – Personal Amount)
Membership/ Registration Fees				
Computer Software				
Equipment				
Travel				
Supplies				
<b>Total</b>				\$

Signature of Claimant \_\_\_\_\_

Signature of Chair \_\_\_\_\_

Name of Chair \_\_\_\_\_