FACULTY OF ENGINEERING AND APPLIED SCIENCE
PROFESSIONAL EXPENSE REIMBURSEMENT CLAIM FORM 2022-2023

Claim period: May 1, 2022 to April 9, 2023 **Submission deadline: April 9, 2023**

- It is the responsibility of each faculty member to read the Professional Expense Reimbursement Procedure for QUFA Members. Failure to comply with requirements regarding original receipts, travel forms, etc. usually results in delays in processing claims.
- Completed form, with original receipts, are submitted online via ERS
- Maximum allowance for year 2022-2023: Faculty Members (except Term Adjuncts) $1960
  Term Adjuncts $279 per 0.5 credit course or equivalent

2017/18 Carry forward:	
2018/19 Carry forward:	
2019/20 Carry forward:	
2020/21 Carry forward:	
2021/22 Eligible Amount:	**$1,960.00**
Total funding available:	
Previous claim in current claim period:	

EXPENSE CATEGORY (Note: exclude personal use portions as described in PER guidelines linked above.)	**Total in CDN$ (including taxes)**	**HST**	**GST**
Professional Dues			
Books & Journal Subscriptions			
Equipment and Supplies			
Travel (attach completed travel form and conference program or itinerary)			
Phone (emphasis: signed declaration re personal use of claim amount)			
Internet (emphasis: signed declaration re personal use of claim amount)			
Other (please specify)			
TOTAL ALL CATEGORIES (in CDN$):			
Please note: To comply with Revenue Canada regulations all material included for professional expense reimbursement remains the property of Queen's University.			

I certify that the expenses claimed were incurred in order to maintain and enhance my academic and professional competence and disciplinary expertise and that all expenses comply with the terms of the professional expense reimbursement guidelines. Further, that the expenditures incurred within the claim year and all material included remains the property of Queen's University. I realize I am personally liable for any reimbursement received in excess of my eligible PER balance. For questions, please contact the Financial Coordinator in the FEAS Office at melissa.leach@queensu.ca or extension x77199.

Name (please print) Signature of Applicant Employee # Date

I, as Department Head, certify that all amounts claimed are appropriate for professional expense reimbursement as defined in the Collective Agreement.

Name (please print) Signature of Department Head Date

Payment information - Please reimburse the applicant above by direct deposit as follows:

	Chartfield	**Total (Inc. tax)**	**HST**	**GST**	**Signature**
PER	**10000/15001/641012/90081**				
Other Acct.					

Note: Additional expenses for reimbursement coded separately on attached travel form:
Yes No (please circle as applicable)

ITEMIZED EXPENSE LIST

Please use this form when:

- **you are claiming multiple expenses within a single category on the claim form.**
- **you are claiming a 'business use' portion of an expense**

Category	Supplier	Receipt Date	Amount to appear on Claim Form (CDN dollars)			Business Use Portion		
			PER Claim Amount (incl. taxes)	HST	GST	(If applicable, fill in columns)		
						Billing total	HST	% claimed