CONCORDIA

NON-EMPLOYEE EXPENSE REIMBURSEMENT FORM

FINANCIAL SERVICES

CLAIMANT:

Please complete all mandatory fields indicated with [*] and email this form with all relevant receipts and other supporting documentation to your approver/department at Concordia University. If you have a valid employee ID and are an active employee, please do NOT use this form and use the My Expense Reports tile on the Concordia Hub.

Name*	Jane Smith				
Email Address*	jane.smith@gmail.com				
Full Home Address*	123 Concordia Lane, Apt.#3, Montreal, QC H1H-1H1				
(Number/Apartment Number, Street Name, City, Province/State, Country, Postal Code)					
Method of Payment*	Direct Deposit (CAD)	Canadian Dollar			
Concordia Faculty or Department*	Student Services				
Business Purpose*	CCSL Special Project #85				
Affiliation to Research Grant	Student				
Travel Dates 🔸					
From:	n/a	То:	n/a		
Conference/Event Dates 🔸	Conference/Event Dates ⊁				
From:	n: <mark>n/a</mark> To: n/a				

*If the reimbursement is not for travel or conference related expenses, please put n/a

FACULTY/DEPARTMENT:

Please ensure the approver/department submits the completed form to the cost object(s) owner prior to submitting it to <u>expenses@concordia.ca</u>. Once approved, the approver/department should send the form and all relevant receipts and supporting documentation to <u>expenses@concordia.ca</u>.

• The non-employee expense claim, receipts and required back-up, and an explicit email approval from the approver/department is to be combined in one (1) PDF and emailed to expenses@concordia.ca for reimbursement.

• Please refer to Steps 4-7 in the non-employee reimbursement instructions for requesting claimant bank information via a secure link. To ensure the privacy of bank information, please DO NOT include this information on the expense form or in an email.

HANDBOOKS		POLICIES
Travel and Conference	CFO-3	Travel and Conference
Hospitality, Meetings and Events	CFO-10	Hospitality, Meetings and Events
Procurement	CFO-20	Procurement

Completed by Financial Services: SAP Document Number:

TO BE COMPLETED BY CLAIMANT					COMPLETED BY FACULTY/DEPARTMENT/UNIT							
Vendor/Supplier*	Expense Description*	Date*	Location Expense Incurred*	Amount in CAD	Reimbursement Currency*	Amount in Foreign Currency	Currency	Exchange Rate	SAP Cost Object (Cost Center, Internal Order, or WBS)	SAP Expense GL Code	Tax Code	
Concordia Print Store	Printing of catalogue	2023-10-01	Montreal	50.00								
Limone Catering	Catering for event	2023-11-01	Montreal	150.00								

Total CAD
Less Advances:
Less Prepaid Travel:
Payable to Claimant in CAD:

Financial Services Notes:

Details / Comments / Special Instructions / Other:

CCSL 2023-2024 Special Project #85

FOR FINANCIAL SERVICES USE

Comments

200.00

Total Foreign Currency	0.00		
Less Advances:			
Less Prepaid Travel:			
Currency:			
Payable to Claimant in Foreign Currency:	0.00		