

## VISITOR PAYMENT REQUEST FORM

### PAYEE INFORMATION

Name:

Address:

### EXPENSE INFORMATION

Travel Dates

From:

To:

### ORIGINAL RECEIPTS INCLUDED

Airfare:	No	Yes	Total Amount (Attach boarding passes in addition to your receipt)
Bus:	No	Yes	Total Amount
Railway:	No	Yes	Total Amount
Auto allowance:	No	Yes	Distance (Provide either a Google or MapQuest map with directions to verify mileage)
Taxi:	No	Yes	Total Amount
Parking:	No	Yes	Total Amount
Meals:	No	Yes	Total Amount (Provide itemized receipts, credit card or debit slips are not acceptable as per McMaster University policy)

My signature below confirms that I have read McMaster University's published regulations on the reimbursement of expenses and that I am in compliance.

SIGNATURE: