

DeGroote Experience Fund

Expense Policy

The DeGroote Student Experience

The DeGroote Experience Fund was created by generous donors who wanted students to have exposure to experiential learning that augments their classroom learning.

To receive reimbursement of your expenses (up to the approved funding allocation), it is important that you read and understand the details on eligible expenses and receipt submission.

Eligible Expenses *(for more information, see Categories below):*

- Food (up to \$50 per day – Breakfast: \$10, Lunch: \$15, Dinner: \$25)
- Non-alcoholic Refreshments
- Event/Conference Registration
- Transportation
- Accommodation
- Gift cards/Small Tokens of Appreciation – (ie. thank you cards)

Non-Eligible Expenses:

- Alcohol
- Upgraded amenities (ie. Business class airfares or train fares, and/or preferred seating on flights)
- In-room services (movies, mini-bar, room service)

Deadlines:

- Expenses are to be submitted to Jennifer McCleary (jmcclea@mcmaster.ca) within two weeks post-event/activity (or you can bring in receipts to DSB 112 or RJC 333, depending on your campus).

Receipt Submissions:

- All expenses must be accompanied with an original receipt detailing the purchase (credit card statements or credit card receipts are not acceptable).
- For travel receipts, please submit your boarding pass for train trips and flights.
- For conference/case competition attendance, please submit your name tag or program agenda (evidence that you attended).
- If you are missing a detailed receipt, please complete the missing receipt template (attached).
- **TIP** – for easier processing, please prepare a summary of all receipts in key categories using the Expense Submission Checklist

Additional Notes and Requirements:

- Please submit a **'Key Learning'** document that highlights the benefits of this experiential learning opportunity, along with your expenses. This report can be prepared individually, or as a team – and is due two weeks after your event has occurred.
- Expenses above the approved funding allocation may not be reimbursed. A written detailed explanation on the overspending is required for consideration to be reimbursed above the approved funding levels.

Expenses Categories:

- Expenses can be allocated to these categories:
 - Transportation (including; bus, train, taxi, airfare, parking)
 - Accommodation
 - Meals (*names of all participants are required for meal expense claims*)
 - Event Registration Costs
 - Gifts/Acknowledgement to Guest Speakers/Volunteers (*include speakers' names to have these expenses reimbursed*)
 - Room Charges (*for event booking*)
 - Miscellaneous (*please include details for reimbursement consideration*) – use this category only if no other category is appropriate

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Receipt Submission Template

Any template resembling this form will be accepted by Administration (or you can use the budget submission template with actual expenditures). Expected turnaround to process these expenses is *up to 20 business days*.

Name:

Phone:

Total Funding Approved:

Email:

Activity/Event:

Date of Event:

Date of Submission:

Total Funding Approved:

Signature:

Date	Expense Description	Category	Claimed Amount	HST
Total Expenses			\$ -	\$ -

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Missing Receipt Template

Based on McMaster’s Reimbursement Policy:

Original receipts are required for reimbursement of all expenses.

Neither credit card statements or credit card slips are acceptable substitutes for original itemized receipts. In instances where an original receipt is photocopied, has not been issued or has been lost, please submit:

- 1) the credit card statement or credit card slip, together with
2) an explanatory note signed by the student.

Explanatory notes will not be accepted for meal/food claims. Without an itemized receipt, these expenses will not be reimbursed.

EXPLANATORY NOTE

Please accept this as proof of expenditure for the missing original receipt.

Reason for missing original receipt: [Empty box for text entry]

Paid To: [Line for text entry]

Dated: [Line for text entry] Amount: [Line for text entry]

Details: [Three lines for text entry]

I certify that this charge has not and will not be claimed for reimbursement from other sources:

Signature of Claimant: [Line for signature]

Printed Name: [Line for text entry]

Event/Activity: [Line for text entry] Phone: [Line for text entry]

Email: [Line for text entry]