



## Resident Reimbursement Site Quick Reference (Resident) Filling out Claim Details

**Important note:** Please submit expenses resulting from mandatory rotation, mandatory academic half days, off-site call-back and mandatory course fee through the Resident Reimbursement Site. Please **DO NOT** submit expenses paid by the Resident Activity Fund (RAF) through this reimbursement site. Contact your Program Coordinators for instruction on how to submit RAF expenses.

### Filling out Claim Details

- ▶▶ Go to link <https://apps.sp2019.med.ubc.ca/reimbursements/SitePages/Home.aspx>. Login with CWL login ID and password

### CWL Authentication

Login to continue to MedNet

Login Name

Password

**Recover your CWL login or Reset your CWL password via Email**

If you have a non-UBC email address associated with your CWL account you can either:

- [Recover your CWL Login Name](#)
- [Reset your CWL Password](#)

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**Protect Your CWL account!**

- Watch out for sites or emails that pretend to be legitimate and ask for your CWL login name and password.
- Please report any suspicious requests for your CWL login name and password.
- [Learn more](#) about how to protect your devices.

- ▶▶ In the home page, under **Residents**, click **New Request**



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Resident Reimbursement Home

Residents

**New Request**

My Requests

Resident Reimbursements

**WELCOME TO THE RESIDENT REIMBURSEMENTS SITE**

▶▶ A new form is opened. Fill out the Claim Details following instructions below

## Resident Reimbursements Form

### Claim Details

|              |   |               |  |
|--------------|---|---------------|--|
| Resident     | <input type="text"/>                                  | Payee         | <input type="text"/>                   |
| Street *     | <input type="text"/>                                  | Unit          | <input type="text"/>                   |
| City *       | <input type="text"/>                                  | Postal Code * | <input type="text"/>                   |
| Program *    | <input type="text"/>                                  | Employee ID * | <input type="text"/>                   |
| From *       | <input type="text"/>                                  | Claim Start * | <input type="text"/>                   |
| To *         | <input type="text"/>                                  | Claim End *   | <input type="text"/>                   |
| Claim Type * | <input type="text" value="Please select a value..."/> | Year          | <input type="text" value="2020-2021"/> |
|              |   | Email *       | <input type="text"/>                   |
| Comments     | <input type="text"/>                                  |               |  |

- **Resident:** resident's full name
- **Payee:** if it is different to the resident, enter the name of the vendor who will be receiving reimbursement
- **Street:** resident's mailing address to receive cheque. **\*Important\*** provide the old address in the Comments section for Accounts Payable to verify
- **Unit:** unit number of resident's mailing address if applicable
- **City:** city of resident's mailing address
- **Postal Code:** postal code of resident's mailing address
- **Program:** resident's home program/ specific home site. **\*Important\*** BCY residents must select BCY as their program until they finish their BCY program
- **Employee ID:** 6-digit hospital IDs
- **From:** starting point of the trip. Select home site if no travel is required
- **To:** ending point of the trip. Select home site if no travel is required
- **Claim Start:** starting date of the trip
- **Claim End:** ending date of the trip



- **Claim type:** select the appropriate claim types from the drop-down list. **\*Important\*** submit separate forms for different claim types. For example, submit two separate claim forms for Academic Half Day trip and mandatory rotation trip
- **Year:** select the appropriate academic year. It is this academic year by default.
- **Email:** enter resident's email address
- **Comments:** provide additional details related to the claim