



**EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT** Financial Services Dept. (revised May 1, 2018)

TO BE COMPLETED BY CLAIMANT	Accounting Information - TO BE COMPLETED BY BUSINESS OFFICER										
<p><b>Indicate reimbursement currency:</b> For expense reimbursements in a currency other than CAD, <b><u>DO NOT</u></b> convert expenses to CAD value. <b>NOTE: Original receipts are required.</b></p> <p style="text-align: right;"> <input type="checkbox"/> CAD  <input type="checkbox"/> USD  <input type="checkbox"/> Other         </p>	<p><b>Claim Type:</b> Select claim type. Enter code, below, to complete G/L account. If G/L account is not listed, enter appropriate G/L account on "OTHER" line.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">0</td><td>EMPLOYEE FIELD TRIP</td></tr> <tr><td>1</td><td>EMPLOYEE CONFERENCE</td></tr> <tr><td>2</td><td>STUDENT FIELD TRIP</td></tr> <tr><td>3</td><td>STUDENT CONFERENCE</td></tr> <tr><td>4</td><td>VISITOR</td></tr> </table> <p>Business Area: Company Code: <b>UofT</b> Document Number:</p>	0	EMPLOYEE FIELD TRIP	1	EMPLOYEE CONFERENCE	2	STUDENT FIELD TRIP	3	STUDENT CONFERENCE	4	VISITOR
0	EMPLOYEE FIELD TRIP										
1	EMPLOYEE CONFERENCE										
2	STUDENT FIELD TRIP										
3	STUDENT CONFERENCE										
4	VISITOR										

TO BE COMPLETED BY CLAIMANT		EXPENSE CATEGORIES		AMOUNT	G/L ACCOUNT NUMBER		TAX CODE	COST CENTER	INTERNAL ORDER	FUNDS CENTER	FUND	COMMITMENT ITEM	
Personnel Number	Period of Travel	AIRFARE: Attach proof of payment & proof of air travel (*)	Travel within Canada		8 4 0 1 0		ER						
Last Name	Initial		Travel to USA from Ontario		8 4 0 1 0		EE						
Address		ACCOMMODATION:	All other Airfare		8 4 0 1 0		E0						
Purpose and Relevance to University Business			ON (13%HST)		8 4 0 2 0		ER						
			PEI, NS, NF, NB (15%HST)		8 4 0 2 0		EN						
Department Contact		All other provinces / territories		8 4 0 2 0		EE							
		USA / International		8 4 0 2 0		E0							
Department		ALLOWANCE:	Per Diem: Canada		8 4 0 3 0		EA						
			Per Diem: USA / International		8 4 0 3 0		E0						
Telephone		RAIL/BUS:	KMS X 54 cents/km		8 4 0 4 0		EA						
			Travel within Canada		8 4 0 5 0		ER						
Date Prepared		PUBLIC TRANSIT	Travel outside Canada		8 4 0 5 0		E0						
			Travel within or outside Canada		8 4 0 5 5		E0						
<b>Claimant Declaration:</b> I certify that I have incurred the expenses claimed, they are in compliance with University policies & procedures, all sponsor terms and conditions (if applicable), & have not been claimed through other sources.		CAR RENTAL: Attach detailed receipt & contract (*)	ON (13%HST)		8 4 0 6 0		ER						
			PEI, NS, NF, NB (15%HST)		8 4 0 6 0		EN						
			All other provinces / territories		8 4 0 6 0		EE						
			USA / International		8 4 0 6 0		E0						
Signature of Claimant		MEALS: Attach detailed itemized receipts (*)	ON (13%HST)		8 4 0 7 0		ER						
			PEI, NS, NF, NB (15%HST)		8 4 0 7 0		EN						
			All other provinces / territories		8 4 0 7 0		EE						
			USA / International		8 4 0 7 0		E0						
Print Name		TAXI:	ON (13%HST)		8 4 5 0 0 0		ER						
			PEI, NS, NF, NB (15%HST)		8 4 5 0 0 0		EN						
			All other provinces / territories		8 4 5 0 0 0		EE						
			USA / International		8 4 5 0 0 0		E0						
Signature of Authorized Approver		OTHER:											
Print Name		TOTAL EXPENSES			NOTES:								
		LESS: ACCOUNTABLE ADVANCE											
		REIMBURSEMENT REQUIRED											
		OR REPAYMENT											
<b>For AA Settlements: Financial Services (original copy) Originating department (photocopy)</b>													

(\*) Refer to expense reimbursement checklist @ [Expense Reimbursement Checklist - Template - Financial Services](#) and the Guide to Financial Management @ [Travel and Other Reimbursable Expenses - Policies and Guidelines - Financial Services](#)