



EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT Financial Services Dept. (revised October 1, 2016)

TO BE COMPLETED BY CLAIMANT

Accounting Information - TO BE COMPLETED BY BUSINESS OFFICER

Indicate reimbursement currency:
 For expense reimbursements in a currency other than CAD, **DO NOT** convert expenses to CAD value.
NOTE: Original receipts are required.

CAD
 USD
 Other

Purpose: Select purpose. Enter code, below, to complete G/L account. If G/L account is not listed, enter appropriate G/L account on "OTHER" line.

0	EMPLOYEE FIELD TRIP
1	EMPLOYEE CONFERENCE
2	STUDENT FIELD TRIP
3	STUDENT CONFERENCE
4	VISITOR

Business Area:
 Company Code: **UofT**
 Document Number:

TO BE COMPLETED BY CLAIMANT

Personnel Number	Period of Travel	EXPENSE CATEGORIES		AMOUNT	G/L ACCOUNT NUMBER	TAX CODE	COST CENTER	INTERNAL ORDER	FUNDS CENTER	FUND	COMMITMENT ITEM	
Last Name	Initial	AIRFARE:	Travel within Canada		8 4 0 1 0	ER						
Address			Travel to USA from Ontario		8 4 0 1 0	EE						
Location and Description			All other Airfare		8 4 0 1 0	E0						
Department Contact Suhara Panthapulakkal		ACCOMMODATION:	ON (13%HST)		8 4 0 2 0	ER						
			PEI, NS, NF, NB (15%HST)		8 4 0 2 0	EN						
			All other provinces / territories		8 4 0 2 0	EE						
		ALLOWANCE:	USA / International		8 4 0 2 0	E0						
			Per Diem: Canada		8 4 0 3 0	EA						
Department		RAIL/BUS:	Travel within Canada		8 4 0 5 0	ER						
Forestry			Travel outside Canada		8 4 0 5 0	E0						
Telephone		PUBLIC TRANSIT	Travel within or outside Canada		8 4 0 5 5	E0						
Fax			CAR RENTAL:	ON (13%HST)		8 4 0 6 0	ER					
416-978-6184				PEI, NS, NF, NB (15%HST)		8 4 0 6 0	EN					
416 -978-3834				All other provinces / territories		8 4 0 6 0	EE					
Date Prepared		MEALS:	USA / International		8 4 0 6 0	E0						
I have read the University's regulation on reimbursements of expenses and confirm that I am in compliance. Signature of Claimant			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						
Print Name		TAXI:	USA / International		8 4 0 7 0	E0						
Title			ON (13%HST)		8 4 5 0 0 0	ER						
Authorized Approval			PEI, NS, NF, NB (15%HST)		8 4 5 0 0 0	EN						
			All other provinces / territories		8 4 5 0 0 0	EE						
Print Name		OTHER:	USA / International		8 4 5 0 0 0	E0						
Title												
TOTAL EXPENSES					NOTES:							
LESS: ACCOUNTABLE ADVANCE												
REIMBURSEMENT REQUIRED												
OR REPAYMENT												

For Accountable Advance Settlements:
 Financial Services (Original copy)
 Originating Department (Photocopy)