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EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT Financial Services Dept. (revised Oct-2010) TO BE COMPLETED BY CLAIMANT Accounting Information - TO BE COMPLETED BY BUSINESS OFFICER Indicate reimbursement currency: EMPLOYEE FIELD TRIP Business Area: Purpose: Select purpose. Enter For expense reimbursements in a 1 Company Code: CAD code, below, to complete G/L UofT EMPLOYEE CONFERENCE currency other than CAD, **DO NOT** USD account. If G/L account is not 2 STUDENT FIELD TRIP Document Number: convert expenses to CAD value. Other listed, enter appropriate G/L STUDENT CONFERENCE

TO BE COMPLETED BY CLAIMANT		NOTE: Original receipts are required.			account on "OTHER"	" line.	4 X VISITO	R			
Personnel Number Period of Travel		EXPENSE CATEGORIES		AMOUNT	G/L ACCOUNT TAX NUMBER CODE		COST	INTERNAL OR ORDER	FUNDS CENTER	FUND	COMMITMENT
ast Name	Initial	AIRFARE:	Travel within Canada	7	8 4 0 1 0	ER					
aot Hamo	muai		All other Airfare		8 4 0 1 0	EE					
Address			All other Airfare		8 4 0 1 0	E0					
		ACCOMODATION:	ON, NF, NB (13%HST)		8 4 0 2 0	ER					
			BC (12%HST)		8 4 0 2 0	EB					
ocation and Description			NS (15%HST)		8 4 0 2 0	EN					
			All other provinces / territories		8 4 0 2 0	EE					
			USA / International		8 4 0 2 0	E0					
		ALLOWANCE:	Per Diem: Canada		8 4 0 3 0	EA					
			Per Diem: USA / International		8 4 0 3 0	E0					
			KMS X 47 cents/km		8 4 0 4 0	EA					
Department Contact		RAIL/BUS:	Travel within Canada		8 4 0 5 0	ER					
			Travel outside Canada		8 4 0 5 0	E0					
Department		CAR RENTAL:	ON, NF, NB (13%HST)		8 4 0 6 0	ER					
			BC (12%HST)		8 4 0 6 0	EB					
Telephone	Fax		NS (15%HST)		8 4 0 6 0	EN					
			All other provinces / territories		8 4 0 6 0	EE					
Date Prepared			USA / International		8 4 0 6 0	E0					
		MEALS:	ON, NF, NB (13%HST)		8 4 0 7 0	ER					
have read the University's regulation on reimbursements			BC (12%HST)		8 4 0 7 0	EB					
	m that I am in compliance.		NS (15%HST)		8 4 0 7 0	EN					
Signature of Claimant			All other provinces / territories		8 4 0 7 0	EE					
			USA / International		8 4 0 7 0	E0					
		TAXI:	ON, NF, NB (13%HST)		8 4 5 0 0 0	ER					
Print Name	Title		BC (12%HST)		8 4 5 0 0 0	EB					
			NS (15%HST)		8 4 5 0 0 0	EN					
			All other provinces / territories		8 4 5 0 0 0	EE					
Authorized Approval			USA / International		8 4 5 0 0 0	E0					
		OTHER:									
Print Name	Title										
			TOTAL EXPENSES		NOTES:						
For Accountable Advance Settlements:			LESS: ACCOUNTABLE ADVANCE		INOTES.						
Financial Services (Original copy)			REIMBURSEMENT REQUIRED	+ +							
	ating Department (Photocopy) OR REPAYMENT										
Judinamid Debarmient (Linotocopy)		1	J / (W L 4	· 1							