



EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT Financial Services Dept. (revised March 15, 2023)

TO BE COMPLETED BY CLAIMANT

Accounting Information - TO BE COMPLETED BY BUSINESS OFFICER

Indicate reimbursement currency:
 Ensure all amounts below are entered in the requested reimbursement currency.
NOTE: Original receipts are required.

CAD
 USD
 Other

Claim Type: 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.

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	# OF KM (round trip)
Last Name	Initial	AIRFARE: Attach proof of payment & proof of air travel (*)	
Address		ECONOMY	Travel within Canada
			Travel to USA from Ontario
			All other Airfare
Purpose and Relevance to University Business		ABOVE-ECONOMY	Travel within Canada
			Travel to USA from Ontario
			All other Airfare
Department Contact		ACCOMMODATION:	ON (13%HST)
			PEI, NS, NF, NB (15%HST)
			All other provinces / territories
			USA / International
Department		ALLOWANCE:	Per Diem: Canada
			Per Diem: USA / International
			KMS X 57 cents/km
Telephone	Fax	RAIL/BUS:	Travel within Canada
			Travel outside Canada
Date Prepared		PUBLIC TRANSIT	Travel within or outside Canada
		CAR RENTAL: Attach detailed receipt & contract (*)	ON (13%HST)
Claimant Declaration: 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.			PEI, NS, NF, NB (15%HST)
			All other provinces / territories
			USA / International
			MEALS: Attach detailed itemized receipts (*)
Signature of Claimant			PEI, NS, NF, NB (15%HST)
			All other provinces / territories
			USA / International
			TAXI:
Print Name	Title		PEI, NS, NF, NB (15%HST)
			All other provinces / territories
			USA / International
Authorized Approver Declaration: I certify the expenses claimed were reasonable & required for University business & (if applicable) are relevant to the research being funded.			OTHER:
Signature of Authorized Approver			
Print Name	Title		
		TOTAL EXPENSES	
		LESS: ACCOUNTABLE ADVANCE	
		REIMBURSEMENT REQUIRED	
		OR REPAYMENT	
For AA Settlements: Financial Services (original copy) Originating department (photocopy)			

AMOUNT	G/L ACCOUNT	TAX CODE	COST CENTER OR INTERNAL ORDER	FUNDS CENTER	FUND	COMMITMENT ITEM	ASSIGNMENT
	8 4 0 1 0	ER					
	8 4 0 1 0	EE					
	8 4 0 1 0	E0					
	8 4 0 1 0	ER					
	8 4 0 1 0	EE					
	8 4 0 1 0	E0					
	8 4 0 2 0	ER					
	8 4 0 2 0	EN					
	8 4 0 2 0	EE					
	8 4 0 2 0	E0					
	8 4 0 3 0	EA					
	8 4 0 3 0	E0					
	8 4 0 4 0	EA					
	8 4 0 5 0	ER					
	8 4 0 5 0	E0					
	8 4 0 5 5	E0					
	8 4 0 6 0	ER					
	8 4 0 6 0	EN					
	8 4 0 6 0	EE					
	8 4 0 6 0	E0					
	8 4 0 7 0	ER					
	8 4 0 7 0	EN					
	8 4 0 7 0	EE					
	8 4 0 7 0	E0					
	8 4 5 0 0 0	ER					
	8 4 5 0 0 0	EN					
	8 4 5 0 0 0	EE					
	8 4 5 0 0 0	E0					

NOTES:

(*) Refer to expense reimbursement checklist @ and the Guide to Financial Management @