



EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT Financial Services Dept. (revised April 1, 2019)

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 **10**
 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: **16**

Company Code: **17** UofT

Document Number: **18**

TO BE COMPLETED BY CLAIMANT

Personnel Number 1	Period of Travel 2
Last Name 3 Initial	Purpose and Relevance to University Business 5
Address 4	
Department Contact 6	Date Prepared 7
Department	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.
Telephone Fax	
Signature of Claimant 8	Authorized Approver Declaration: I certify the expenses claimed were reasonable & required for University business & (if applicable) are relevant to the research being funded.
Print Name Title	
Signature of Authorized Approver 9	Other:
Print Name Title	

EXPENSE CATEGORIES 11	AMOUNT	
AIRFARE: Attach proof of payment & proof of air travel (*)	Travel within Canada	
	Travel to USA from Ontario	
MODATION:	All other Airfare	
	ON (13%HST)	
	PEI, NS, NF, NB (15%HST)	
	All other provinces / territories	
	USA / International	
ALLOWANCE:	Per Diem: Canada	
	Per Diem: USA / International	
	KMS X 57 cents/km	
RAIL/BUS:	Travel within Canada	
	Travel outside Canada	
PUBLIC TRANSIT	Travel within or outside Canada	
	ON (13%HST)	
	PEI, NS, NF, NB (15%HST)	
CAR RENTAL: Attach detailed receipt & contract (*)	All other provinces / territories	
	USA / International	
	MEALS: Attach detailed itemized receipts (*)	ON (13%HST)
	PEI, NS, NF, NB (15%HST)	
TAXI:	All other provinces / territories	
	USA / International	
	OTHER:	

G/L ACCOUNT NUMBER	TAX CODE
8 4 0 1 0	19 ER
8 4 0 1 0	20 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

COST CENTER	INTERNAL ORDER
21	

FUNDS CENTER	FUND	COMMITMENT ITEM	ASSIGNMENT
23	22	24	25

TOTAL EXPENSES **13**

LESS: ACCOUNTABLE ADVANCE **14**

REIMBURSEMENT REQUIRED **15**

OR REPAYMENT

NOTES:

(*) 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](#)

Expense Report/Accountable Advance Settlement Form: Instructions for Completion

TO BE COMPLETED BY CLAIMANT		
Field Number	Field Name	Step Description
1.	Personnel Number	Enter claimant's Personnel Number. If the claimant is not an employee, state the business purpose (e.g. state of affiliation of the claimant to the PI's research project).
2.	Period of Travel	Enter dates travel expenses started and finished (if applicable).
3.	Last Name /Initial	Enter the last name and initial of the claimant.
4.	Address	University faculty and staff: University address including room number, if available. Others: Full mailing address, including postal code.
5.	Purpose & Relevance to University Business	Indicate University purpose, destination, persons (including names and titles and organization affiliation) and/or organization visited, and conference name where applicable.
6.	Department Contact	Enter the name, department and telephone number of the person who can provide clarification or additional information if required.
7.	Date prepared	Enter the date the form is completed
8.	Signature of Claimant	The claimant must sign and print name and title. By signing the expense report, the claimant acknowledges that they have read and agree with the declaration.
9.	Signature of Authorized Approval	The authorized approver must sign and print name and title. By signing the expense report, the authorized approver acknowledges that they have read and agree with the declaration.
10.	Currency	Specify the currency in which the payment is to be made.
11.	Expense Categories	Enter the total amount (including taxes) for each type of expense. Most expense types are broken into four categories: 1. Expenses incurred in Ontario. (HST rate 13%) 2. Expenses incurred in Atlantic provinces. (HST rate 15%) 3. Expenses incurred in all other provinces and territories. (GST rate 5%) 4. Expenses incurred outside Canada. Please note that the airfare expense type has its own unique categories.
12.	Other Costs	For other expenses incurred (e.g. parking, supplies, conference fees, etc.) enter a brief description and the corresponding GL account for each type of expense.
13.	Total Expenses	Sum the amounts entered.
14.	Less Accountable Advance	Enter the amount provided as an accountable advance (if applicable).
15.	Reimbursement Required or Repayment	Total Expenses less the Accountable Advance to determine the amount of the reimbursement requested or amount to be repaid by claimant.

Continued...

Expense Report/Accountable Advance Settlement Form: Instructions for Completion

TO BE COMPLETED BY BUSINESS OFFICER		
Field Number	Field Name	Step Description
16.	Business Area	For UofT excluding Ancillaries, enter 1000.
17.	Company Code	Enter the applicable Company Code.
18.	Document No.	Enter the system generated document number upon posting to FIS.
19.	GL Account No.	Enter the number of the purpose code in the blank space. If the expense category is 'Other' enter the applicable G/L Account.
20.	Tax Code	The tax codes for the pre-defined expense categories should not be changed.
21.	Cost Center/Internal Order	Enter either the applicable cost center or the applicable internal order number but not both.
22.	Fund	If applicable enter the Fund number.
23.	Funds Center	Enter the applicable Funds Center.
24.	Commitment Item	Fill in only if you are changing the default commitment item, i.e. spending budget is loaded onto different commitment item i.e. EXP-UTFA, SPECIAL1, etc.
25.	Assignment	Enter a description of the transaction to help track line item postings.

Note: Original receipts are required to support all claims with the exception of kilometerage and per diem. Photocopies and facsimile receipts are **not** acceptable. Other original receipts may include ticket stubs (travel), statements of guest charges for accommodations, car rental agreement. Where the receipt does not clearly identify the item(s) or services(s) purchased, the claimant should do so. For more information, refer to the Guide to Financial Management - Travel and Other Reimbursable Expenses

<http://finance.utoronto.ca/policies/gtfm/travel-and-other-reimbursable-expenses/>