UNIVERSITY OF TORONTO		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:			Purpose: Select purpose. Enter 0 EMPLOYEE FIELD TRIP			Business Area:			
		For expense reimbursements in a			code, below, to complete G/L		1         EMPLOYEE CONFERENCE           2         STUDENT FIELD TRIP		Company Code: UofT		
		currency other than CAD, <u><b>DO NOT</b></u> convert USD							Document Number:		
		expenses to CAD value. Other			listed, enter appropriate G/L 3 STUDENT CONFERENCE			20001101110			
		NOTE: Original receipts are required.			account on "OTHER" line.						
TO BE COMPLETED BY CLAIMANT Personnel Number Period of Travel							1 1 1	-			
Personnel Number	Period of Travel			G/L ACCOUNT	ТАХ	COST	INTERNAL	FUNDS		COMMITMENT	
		EXPENSE CATEGORIES		AMOUNT	NUMBER	CODE	CENTER	OR ORDER	CENTER	FUND	ITEM
Last Name	Initial	AIRFARE:	Travel within Canada		84 010	ER					
			Travel to USA from Ontario		84 010	EE					
Address			All other Airfare		84 010	E0					
		ACCOMMODATION:	ON (13%HST)		84 020	ER					
			PEI, NS, NF, NB (15%HST)		84 020	EN					
Location and Description	n		All other provinces / territories		84 020	EE					
			USA / International		84 020	E0					
		ALLOWANCE:	Per Diem: Canada		84 030	EA					
			Per Diem: USA / International		84 030	E0					
			KMS X 54 cents/km		84 040	EA					
Department Contact		RAIL/BUS:	Travel within Canada		84 050	ER					
			Travel outside Canada		84 050	E0					
Department		PUBLIC TRANSIT	Travel within or outside Canada		84 055	E0					
		CAR RENTAL:	ON (13%HST)		84 060	ER					
Telephone	Fax		PEI, NS, NF, NB (15%HST)		84 060	EN					
			All other provinces / territories		84 060	EE					
Date Prepared			USA / International		84 060	E0					
		MEALS:	ON (13%HST)		84070	ER					
I have read the University's regulation on reimbursements			PEI, NS, NF, NB (15%HST)		84 070	EN					
of expenses and confirm that I am in compliance.			All other provinces / territories		84 070	EE					
Signature of Claimant			USA / International		84 070	E0					
		TAXI:	ON (13%HST)		8 4 5 0 0 0	ER					
			PEI, NS, NF, NB (15%HST)		845000	EN					
Print Name	Title		All other provinces / territories		845000	EE					
			USA / International		845000	E0					
		OTHER:									
Authorized Approval											
				<b> </b>		┨─────┤					
Defect Manual	<b>T</b> .0	_		<u> </u>		┟────┤				<u> </u>	
Print Name	Title										
			TOTAL EXPENSES		IOTES:		1			l	
For Accountable	Advance Settlements:	LESS: ACCOUNTABLE ADVANCE									
Financial Services		REIMBURSEMENT REQUIRED									
Originating Department (Photocopy)		OR REPAYMENT									
Chighianny Department (Friotocopy)		OK NEFATIVIENT									