



**EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT** Financial Services Dept. (revised February 1, 2020)

**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.  
 CAD  
 USD  
 Other  
**NOTE: Original receipts are required.**

**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
Last Name	Initial
Address	
Purpose and Relevance to University Business	
Department Contact	
Department	
Telephone	Fax
Date Prepared	
Signature of Claimant	
Print Name	Title
Signature of Authorized Approver	
Print Name	Title

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

G/L ACCOUNT NUMBER	TAX CODE	COST CENTER	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 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						

TOTAL EXPENSES	
LESS: ACCOUNTABLE ADVANCE	
REIMBURSEMENT REQUIRED	
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](#)