



**UNIVERSITY OF  
TORONTO**

TO BE COMPLETED BY CLAIMANT

**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:**  
For expense reimbursements in a currency other than CAD, **DO NOT** convert expenses to CAD value.  
**NOTE: Original receipts are required.**

CAD  
 USD  
 Other

**Purpose:** Select purpose. 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		EXPENSE CATEGORIES		AMOUNT	G/L ACCOUNT NUMBER	TAX CODE	COST CENTER	INTERNAL ORDER	FUNDS CENTER	FUND	COMMITMENT ITEM		
Personnel Number	Period of Travel												
Last Name	Initial	AIRFARE:	Travel within Canada		8 4 0 1 0	ER							
Address			Travel to USA from Ontario		8 4 0 1 0	EE							
			All other Airfare		8 4 0 1 0	E0							
Location and Description		ACCOMODATION:	ON, NF, NB (13%HST)		8 4 0 2 0	ER							
			BC (12%HST)		8 4 0 2 0	EB							
			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							
Department Contact		ALLOWANCE:	Per Diem: Canada		8 4 0 3 0	EA							
			Per Diem: USA / International		8 4 0 3 0	E0							
Department		RAIL/BUS:	Travel within Canada		8 4 0 4 0	EA							
			Travel outside Canada		8 4 0 5 0	ER							
Telephone		CAR RENTAL:	ON, NF, NB (13%HST)		8 4 0 5 0	E0							
			BC (12%HST)		8 4 0 6 0	ER							
			NS (15%HST)		8 4 0 6 0	EB							
			All other provinces / territories		8 4 0 6 0	EN							
			USA / International		8 4 0 6 0	EE							
Date Prepared		MEALS:	ON, NF, NB (13%HST)		8 4 0 6 0	E0							
			BC (12%HST)		8 4 0 7 0	ER							
			NS (15%HST)		8 4 0 7 0	EB							
			All other provinces / territories		8 4 0 7 0	EN							
			USA / International		8 4 0 7 0	EE							
Signature of Claimant		TAXI:	ON, NF, NB (13%HST)		8 4 0 7 0	E0							
			BC (12%HST)		8 4 5 0 0 0	ER							
			NS (15%HST)		8 4 5 0 0 0	EB							
			All other provinces / territories		8 4 5 0 0 0	EN							
			USA / International		8 4 5 0 0 0	EE							
Authorized Approval		OTHER:			8 4 5 0 0 0	E0							
Print Name													
Title													
TOTAL EXPENSES					NOTES:								
LESS: ACCOUNTABLE ADVANCE													
REIMBURSEMENT REQUIRED													
OR REPAYMENT													

**For Accountable Advance Settlements:**  
Financial Services (Original copy)  
Originating Department (Photocopy)