### University of Toronto

**REIMBURSABLE EXPENSES FOR WHICH THERE IS NO ORIGINAL RECEIPT** *(Rev.-Dec07)*

To be completed by Claimant and attached to the appropriate reimbursement request form. *(e.g., Expense Reimbursement forms, Accountable Advance Settlement requests, etc.)*

<table>
<thead>
<tr>
<th>Currency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian</td>
</tr>
<tr>
<td>United States</td>
</tr>
<tr>
<td>Other <em>(Please specify)</em></td>
</tr>
</tbody>
</table>

**INELIGIBLE TRAVEL EXPENSES:**
- Parking and other traffic fines
- Personal travel insurance
- Service charges on personal credit cards
- Late payment charges on both personal credit cards and the University travel cards

The following is a detailed list of expenses incurred while conducting business or carrying out related duties on behalf of the University and for which there are no original receipts:

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose / Type of expenditure</th>
<th>Vendor / Location</th>
<th>Reason for no receipt</th>
<th>Amount paid</th>
</tr>
</thead>
</table>

**Total Expenses** $|

I acknowledge that original detailed receipts are necessary for reimbursement per University policy, and will endeavour to adhere to this requirement on future expense claims. I also understand and acknowledge that Canada Revenue Agency may consider all amounts paid to individuals without receipts to be taxable income to the individual.

Please approve the total amount of expenses incurred without original detailed receipts for reimbursement as noted above. [http://www.finance.utoronto.ca/gtfm/travel.htm](http://www.finance.utoronto.ca/gtfm/travel.htm)

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Claimant's Signature: ____________________________ Title: ____________________________ Date: ____________________________

Print Name: ____________________________ Department: ____________________________

Approval Signature: ____________________________ Title: ____________________________ Date: ____________________________

Print Name: ____________________________ Department: ____________________________