**UNIVERSITY OF TORONTO**

## EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT (R12/07)

To be completed by Claimant

| Personnel Number | Period of Travel |
|---|---|
| Last Name | Initial |
| Address | |
| Location and Description: | |
| Department Contact | |
| Department | |
| Telephone | Fax |
| Date Prepared | |

**Declaration by Claimant:**

I have read the University's regulation on reimbursements of expenses and confirm that I am in compliance.

Signature of Claimant:

Print Name | Title

Authorized Approval:

Print Name | Title

Note:

1. To request reimbursement in other than Canadian funds, indicate currency and do not convert expenses to Canadian funds.
   - ☐ Canadian Funds
   - ☐ U.S. Funds
   - ☐ Other _____
2. Original receipts are required.

| EXPENSE CATEGORIES | | AMOUNT |
|---|---|---|
| AIRFARE: | Canada & US destinations bought in Canada | |
| | OTHER | |
| ACCOM.: | IN CANADA | |
| | OUTSIDE CANADA | |
| ALLOWANCE: | PER DIEM IN CANADA | |
| | PER DIEM OUTSIDE CANADA | |
| | KMS X 47 cents/km * | |
| RAIL/BUS: | IN CANADA | |
| | OUTSIDE CANADA | |
| CAR RENTAL: | IN ONTARIO | |
| | OTHER PROVINCES | |
| | OUTSIDE CANADA | |
| MEALS: | IN CANADA | |
| | OUTSIDE CANADA | |
| TAXI: | IN CANADA | |
| | OUTSIDE CANADA | |
| OTHER: | | |
| | | |
| | TOTAL EXPENSES | |
| | LESS: ACCOUNTABLE ADVANCE | |
| | REIMBURSEMENT REQUIRED OR REPAYMENT | |

## ACCOUNTING INFORMATION

TO BE COMPLETED BY BUSINESS OFFICER

**Purpose:**

Enter purpose code in empty slot in account number.

If purpose is other than those listed below, please enter the applicable account number.

- 0 ☐ EMPLOYEE FIELD TRIP
- 1 ☐ EMPLOYEE CONFERENCE
- 2 ☐ STUDENT FIELD TRIP
- 3 ☐ STUDENT CONFERENCE
- 4 ☐ VISITOR

Business Area:

Company Code:

Document Number:

| GENERAL LEDGER | | COST CTR ACCTG | | FUNDS MANAGEMENT | | |
|---|---|---|---|---|---|---|
| ACCOUNT NUMBER | TAX CODE | COST CTR | INTERNAL ORDER | FUND | C/F CTR | COMMITMENT ITEM |
| 8 4 0 1 0 | I6 | | | | | |
| 8 4 0 1 0 | I0 | | | | | |
| 8 4 0 2 0 | IE | | | | | |
| 8 4 0 2 0 | I0 | | | | | |
| 8 4 0 3 0 | IF | | | | | |
| 8 4 0 3 0 | I0 | | | | | |
| 8 4 0 4 0 | IF | | | | | |
| 8 4 0 5 0 | I6 | | | | | |
| 8 4 0 5 0 | I0 | | | | | |
| 8 4 0 6 0 | IX | | | | | |
| 8 4 0 6 0 | I6 | | | | | |
| 8 4 0 6 0 | I0 | | | | | |
| 8 4 0 7 0 | IE | | | | | |
| 8 4 0 7 0 | I0 | | | | | |
| 8 4 5 0 0 0 | I6 | | | | | |
| 8 4 5 0 0 0 | I0 | | | | | |
| | | | | | | |
| | | | | | | |

**Copies for Accountable Advance Settlements:**

Financial Services (1)
Originating Department (1)

** 40 cents/km prior to Sept 1, 2006*