UNIVERSITY OF TORONTO

EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT	ACCOUNTING INFORMATION
To be completed by Claimant	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 applicabl account number.

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

Business Area:

Company Code:

Document Number:

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	ACCOUNT NUMBER	TAX CODE	COST CTR	INTERNAL ORDER	FUND	C/F CTR	COMMITMENT ITEM
AIRFARE:	Canada & US destinations bought in Canada		8 4 0 1 0	I6					
	OTHER		8 4 0 1 0	I0					
ACCOM.:	IN CANADA		8 4 0 2 0	IE					
	OUTSIDE CANADA		8 4 0 2 0	I0					
ALLOWANCE:	PER DIEM		8 4 0 3 0	I6					
	KMS X 40 cts/km		8 4 0 4 0	I6					
RAIL/BUS:	IN CANADA		8 4 0 5 0	I6					
	OUTSIDE CANADA		8 4 0 5 0	I0					
CAR RENTAL:	IN ONTARIO		8 4 0 6 0	IX					
	OTHER PROVINCES		8 4 0 6 0	I6					
	OUTSIDE CANADA		8 4 0 6 0	I0					
MEALS:	IN CANADA		8 4 0 7 0	IE					
	OUTSIDE CANADA		8 4 0 7 0	I0					
TAXI:	IN CANADA		8 4 5 0 0 0	I6					
	OUTSIDE CANADA		8 4 5 0 0 0	I0					
OTHER:									

	AMOUNT
TOTAL EXPENSES	
LESS: ACCOUNTABLE ADVANCE	
REIMBURSEMENT REQUIRED OR REPAYMENT	

Copies for Accountable Advance Settlements:

Financial Services (1)
Originating Department (1)