

EXERCISE 4 : EXPENSE REIMBURSEMENT - "CHEQUE"

HINT: The vendor number for this type of Exp. Reimbursement (via cheque) should start with "99" ...
 Do a Match Code Search...use Vendor Group **YTER** to find the Dept's OTA Exp. Reimbursement Vendor Number



EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT <small>Financial Services Dept. (revised Oct-2010)</small>																										
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.					<input checked="" type="checkbox"/> CAD <input type="checkbox"/> USD <input type="checkbox"/> 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.			<table border="1"> <tr><td>0</td><td>EMPLOYEE FIELD TRIP</td></tr> <tr><td>1</td><td>EMPLOYEE CONFERENCE</td></tr> <tr><td>2</td><td>STUDENT FIELD TRIP</td></tr> <tr><td>3</td><td><input checked="" type="checkbox"/> STUDENT CONFERENCE</td></tr> <tr><td>4</td><td>VISITOR</td></tr> </table>		0	EMPLOYEE FIELD TRIP	1	EMPLOYEE CONFERENCE	2	STUDENT FIELD TRIP	3	<input checked="" type="checkbox"/> STUDENT CONFERENCE	4	VISITOR	Business Area: 1000 Company Code: UofT Document Number:				
0	EMPLOYEE FIELD TRIP																									
1	EMPLOYEE CONFERENCE																									
2	STUDENT FIELD TRIP																									
3	<input checked="" type="checkbox"/> STUDENT CONFERENCE																									
4	VISITOR																									
TO BE COMPLETED BY CLAIMANT Personnel Number: _____ Period of Travel: October 9 - October 13, 2017					EXPENSE CATEGORIES		AMOUNT		G/L ACCOUNT NUMBER		TAX CODE		COST CENTER		INTERNAL ORDER		FUNDS CENTER		FUND		COMMITMENT ITEM					
Last Name: Smith Initial: C. Address: Dept of Biomedical Engineering 4 Taddle Creek Road Location and Description: LA Genome Conference 2017: conference on biomedical engineering and the genome Department Contact: Karen Carpenter Department: Dept of Biomedical Engineering Telephone: 978-0000 Fax: 978-0001 Date Prepared: 16-Oct-17 I have read the University's regulation on reimbursements of expenses and confirm that I am in compliance. Signature of Claimant: Catherine Smith Print Name: Catherine Smith Title: Student Authorized Approval: Professor A. Boss Print Name: Arnold Boss Title: Chair					AIRFARE: Travel within Canada Travel to USA from Ontario 329.58 All other Airfare		ACCOMMODATION: ON (13%HST) PEI, NS, NF, NB (15%HST) All other provinces / territories USA / International 429.36		ALLOWANCE: Per Diem: Canada Per Diem: USA / International KMS X 54 cents/km		RAIL/BUS: Travel within Canada Travel outside Canada		PUBLIC TRANSIT: Travel within or outside Canada		CAR RENTAL: ON (13%HST) PEI, NS, NF, NB (15%HST) All other provinces / territories USA / International 213.53		MEALS: ON (13%HST) PEI, NS, NF, NB (15%HST) All other provinces / territories USA / International		TAXI: ON (13%HST) PEI, NS, NF, NB (15%HST) All other provinces / territories USA / International		OTHER:		TOTAL EXPENSES 972.47		NOTES:	
For Accountable Advance Settlements: Financial Services (Original copy) Originating Department (Photocopy)					LESS: ACCOUNTABLE ADVANCE		REIMBURSEMENT REQUIRED 972.47		OR REPAYMENT																	