

EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT (Revised 9-July-2010)

To be completed by Claimant

ACCOUNTING INFORMATION

TO BE COMPLETED BY BUSINESS OFFICER

Personnel Number 1	Period of Travel 2	Note:	Purpose:	Business Area: 16
Last Name 3	Initial	1. To request reimbursement in other than Canadian funds, indicate currency and do not convert expenses to Canadian funds.	Enter purpose code in empty slot in account number.	Company Code: 17
Address 4		Canadian Funds 10	If purpose is other than those listed	Document Number: 18
Location and Description: 5		U.S. Funds	below, please enter the applicable account number.	
		Other		
		2. Original receipts are required.		

EXPENSE CATEGORIES 11	AMOUNT	GENERAL LEDGER		COST CTR ACCTG		FUNDS MANAGEMENT		
		ACCOUNT NUMBER	TAX CODE 20	COST CTR	INTERNAL or ORDER	FUND	C/F CTR	COMMITMENT ITEM
AIRFARE: Travel within Canada		8 4	19 1 0	ER	21	22	23	24
Travel to USA from Ontario		8 4	0 1 0	EE				
All other Airfare		8 4	0 1 0	E0				
ACCOM.: In Ontario		8 4	0 2 0	ER				
In Other Provinces		8 4	0 2 0	EE				
OUTSIDE CANADA		8 4	0 2 0	E0				
ALLOWANCE: Per Diem In Canada		8 4	0 3 0	EA				
Per Diem In International		8 4	0 3 0	E0				
KMS X 47 cents/km		8 4	0 4 0	EA				
RAIL/BUS: Travel within Canada		8 4	0 5 0	ER				
Travel outside Canada		8 4	0 5 0	E0				
CAR RENTAL: In Ontario		8 4	0 6 0	ER				
In Other Provinces		8 4	0 6 0	EE				
OUTSIDE CANADA		8 4	0 6 0	E0				
MEALS: In Ontario		8 4	0 7 0	ER				
In Other Provinces		8 4	0 7 0	EE				
OUTSIDE CANADA		8 4	0 7 0	E0				
TAXI: In Ontario		8 4	5 0 0 0	ER				
In Other Provinces		8 4	5 0 0 0	EE				
OUTSIDE CANADA		8 4	5 0 0 0	E0				
OTHER: 12								
TOTAL EXPENSES	13							
LESS: ACCOUNTABLE ADVANCE REIMBURSEMENT REQUIRED OR REPAYMENT	14							
	15							

Copies for Accountable Advance Settlements:

- Financial Services (1)
- Originating Department (1)

Expense Report/Accountable Advance Settlement Form: Instructions for Completion

TO BE COMPLETED BY CLAIMANT		
Field Number	Field Name	Step Description
1.	Personnel Number	Enter claimant's Personnel Number. Enter N/A if the claimant is not a member of the University faculty or staff.
2.	Period of Travel	Enter dates travel expenses started and finished (if applicable).
3.	Last Name /Initial	Enter the last name and initial of the claimant.
4.	Address	University faculty and staff: University address including room number, if available. Others: Full mailing address, including postal code.
5.	Location and Description of Travel	Indicate location of travel and provide description of purpose
6.	Department Contact	Enter the name, department and telephone number of the person who can provide clarification or additional information if required.
7.	Date prepared	Enter the date the form is completed
8.	Declaration by Claimant	The claimant must sign and print name and title.
9.	Authorized Approval	Print the name of the person and title authorized to approve the claim (delegated signing authority). Have the person authorized to approve the claim sign the form.
10.	Currency	Specify the currency in which the payment is to be made.
11.	Expense Categories	Enter the total amount (including taxes) for each type of expense. Most expense types are broken into three categories: <ol style="list-style-type: none"> 1. Expenses incurred inside Ontario. 2. Expenses incurred in other provinces or territories. 3. Expenses incurred outside Canada. Please note that the airfare expense type has its own unique categories.
12.	Other Costs	For other expenses incurred (e.g. parking, supplies, conference fees, etc.) enter a brief description and the corresponding GL account for each type of expense.
13.	Total Expenses	Sum the amounts entered.
14.	Less Accountable Advance	Enter the amount provided as an accountable advance (if applicable).
15.	Reimbursement Required or Repayment	Total Expenses less the Accountable Advance to determine the amount of the reimbursement requested or amount to be repaid by claimant.

Continued...

Expense Report/Accountable Advance Settlement Form: Instructions for Completion

TO BE COMPLETED BY BUSINESS OFFICER		
Field Number	Field Name	Step Description
16.	Business Area	For UofT excluding Ancillaries, enter 1000.
17.	Company Code	Enter the applicable Company Code.
18.	Document No.	Enter the system generated document number upon posting to FIS.
19.	GL Account No.	Enter the number of the purpose code in the blank space. If the expense category is 'Other' enter the applicable G/L Account.
20.	Tax Code	The tax codes for the pre-defined expense categories should not be changed. For Other Costs (see Field Number 12 above) only tax codes E0, ER and EE should be used.
21.	Cost Center/Internal Order	Enter either the applicable cost center or the applicable internal order number but not both.
22.	Fund	If applicable enter the Fund number.
23.	Funds Center	Enter the applicable Funds Center.
24.	Commitment Item	Fill in only if you are changing the default commitment item, i.e. spending budget is loaded onto different commitment item i.e. EXP-UTFA, SPECIAL1, etc.

Note: Original receipts are required to support all claims with the exception of kilometerage and per diem. Photocopies and facsimile receipts are NOT acceptable. Other original receipts may include ticket stubs (travel), statements of guest charges for accommodations, car rental agreement. Where the receipt does not clearly identify the item(s) or services(s) purchased, the claimant should do so. For more information, refer to the Guide to Financial Management - Travel and Other Reimbursable Expenses [<http://www.finance.utoronto.ca/Page112.aspx>]