



FIS Document Number (FSD Only)

REQUEST DATE

ACCOUNTABLE ADVANCE REQUEST

PAYABLE TO EMPLOYEE / PAYEE		EMPLOYEE / PAYEE DEPARTMENT & ADDRESS <small>(only issued to University of Toronto departmental addresses)</small>				CHEQUE DELIVERY		
						<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">MAIL Campus Mail</div> <div style="text-align: center;">PICK UP 215 Huron Street, 2nd Floor</div> </div>		
EMPLOYEE / PAYEE SIGNATURE		EMPLOYEE NUMBER	EMPLOYEE / PAYEE PHONE					
				EMPLOYEE / PAYEE EMAIL				
EMPLOYEE / PAYEE DECLARATION - By signing this form, I have read and agree to abide by the University's published procedures and policy for Accountable Advances. PUBLISHED POLICY AND PROCEDURES ARE LOCATED HERE : http://finance.utoronto.ca/policies/gtfm/travel-and-other-reimbursable-expenses/accountable-advances/								
PURPOSE <small>(Request must include anticipated expense values, activity and location. No funds will be advanced for air travel or conference fees.)</small>						PERIOD OF TRAVEL		
						FROM		
						TO		
						SETTLEMENT DATE <small>(3 weeks after travel completed)</small>		
FIS VENDOR NO.	BUSINESS AREA	FUNDS CENTRE	FUND	COMMITMENT ITEM	CURRENCY <small>(Only CAD or USD)</small>	AMOUNT <small>(Budget must be available)</small>		
CONTACT NAME		CONTACT DEPARTMENT			CONTACT PHONE			
					CONTACT EMAIL			
PRINT APPROVER NAME		PRINT APPROVER TITLE			APPROVER SIGNATURE			

REQUIRED: COMPLETE ALL FIELDS SUBMIT ORIGINAL FORM TO: ACCOUNTS PAYABLE, FINANCIAL SERVICES DEPARTMENT, 215 HURON STREET, 2ND FLOOR

Print Form