UNIVERSITY OF TORONTO	TO DE C		PORT / ACCOUNTABLE ADVANC					
UNIVERSITY OF		COMPLETED BY CLAIMANT		ing Information - TO BE COMI		_	CER	
TO DO NITTO	Indicate reimbursemen		Claim Type: Select claim type. Enter	EMPLOYEE FIELD TRIP	Business Area:	18	40	
TORONTO	Ensure all amounts belo		code, below, to complete G/L account. If		Company Code:		19 _{UofT}	
101(01(10	the requested reimburs NOTE: Original receipt	ار ماده الم	G/L account is not listed, enter	STUDENT FIELD TRIP	Document Number	er:		20
	NOTE: Original receip	Other	appropriate G/L account on "OTHER"					20
TO BE COMPLETED BY CLAIMANT			line. 4	VISITOR				
Personnel Number Period of Travel 2	11 EXPENSE	CATEGORIES # OF KM (round trip)	AMOUNT ACCOUNT	TAX COST CENTER OF INTERNAL ORDER		FUND	COMMITMENT ITEM	ASSIGNMENT
Last Name First Name	AIRFARE:	Travel within Canada	8 4 0 1 0	ER				
3	Attach ECONOMY	Travel to USA from Ontario	8 4 0 1 0	EE				
Address	proof of payment &	All other Airfare	8 4 0 1 0	E0 23	24	25	27	28
4	proof of air	Travel within Canada	8 4 0 1 0	ER				
	travel (*) ABOVE-		8 4 0 1 0	EE	1			
Purpose and Relevance to University Business 5	ECONOMY	Travel to USA from Ontario All other Airfare	8 4 0 1 0	E0	+ +			
5	<u> </u>	-			+ +			
_	ACCOMMODATION:	ON (13%HST)	8 4 0 2 0	ER EN				
	ACCOMMODATION.	PEI, NS, NF, NB (15%HST)	8 4 0 2 0	EE				
Department Contact 6		All other provinces / territories	8 4 0 2 0					
•	- ALLOWANCE:	USA / International	8 4 0 2 0	E0	 			
Department	- ALLOWANCE.	Per Diem: Canada	8 4 0 3 0	EA FO	 			
		Per Diem: USA / International	8 4 0 3 0	E0	1			
Telephone Fax		KMS X 57 cents/km	8 4 0 4 0	EA	1			
тетернопе гах	RAIL/BUS:	Travel within Canada	8 4 0 5 0	ER Fa	 		 	
		Travel outside Canada	8 4 0 5 0	<u>E0</u>	 			
Date Prepared 7	PUBLIC TRANSIT	Travel within or outside Canada	8 4 0 5 5	<u>E0</u>	 			
1	CAR RENTAL: Attach detailed receipt &	ON (13%HST)	8 4 0 6 0	ER	 			
Claimant Declaration: I certify that I have incurred the expenses	contract (*)	PEI, NS, NF, NB (15%HST)	8 4 0 6 0	EN	 			
claimed, they are in compliance with University policies & procedures,		All other provinces / territories	8 4 0 6 0	EE	1			
all sponsor terms and conditions (if applicable), & have not been		USA / International	8 4 0 6 0	E0	1			
claimed through other sources.	MEALS: Attach detailed	ON (13%HST)	8 4 0 7 0	ER				
Signature of Claimant	itemized receipts (*)	PEI, NS, NF, NB (15%HST)	8 4 0 7 0	EN				
8		All other provinces / territories	8 4 0 7 0	EE				
		USA / International	8 4 0 7 0	E0				
Print Name Title	TAXI:	ON (13%HST)	8 4 5 0 0 0	ER				
		PEI, NS, NF, NB (15%HST)	8 4 5 0 0 0	EN				
		All other provinces / territories	8 4 5 0 0 0	EE				
Authorized Approver Declaration: I certify the expenses claimed were reasonable & required for University business & (if applicable)		USA / International	8 4 5 0 0 0	E0				
are relevant to the research being funded.	OTHER:							
Signature of Authorized Approver					 			
Signature of Authorized Approver 9	14				<u> </u>			
_								
Drive No.					4			
Print Name Title			15				<u> </u>	
		TOTAL EXPENS	SES NOTES:					
		LESS: ACCOUNTABLE ADVAN						
For AA Settlements: Financial Services (original copy) Originating department (photocopy)		REIMBURSEMENT REQUIR OR REPAYMENT						
Originating department (priotocopy)		OR REPAYMENT	17					

Expense Report/Accountable Advance Settlement Form: Instructions for Completion

Field Number	Field Name	Step Description				
1. Personnel Number		Enter claimant's Personnel Number. If the claimant is not an employee, state the business purpose (e.g. state of affilation of the claimant to the PI's research project).				
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.	Purpose & Relevance to University Business	Indicate University purpose, destination, persons (including names and titles and organization affiliation) and/or organization visited, and conference name where applicable.				
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.	Signature of Claimant	The claimant must sign and print name and title. By signing the expense report, the claimant acknowledges that they have read and agree with the declaration.				
9.	Signature of Authorized Approval	The authorized approver must sign and print name and title. By signing the expense report, the authorized approver acknowledges that they have read and agree with the declaration.				
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 four categories: 1. Expenses incurred in Ontario. (HST rate 13%) 2. Expenses incurred in Atlantic provinces. (HST rate 15%) 3. Expenses incurred in all other provinces and territories. (GST rate 5%) 4. Expenses incurred outside Canada. Please note that the airfare expense type has its own unique categories.				
12.	Flight Class	Use the applicable flight class of serve (ECONOMY or ABOVE-ECONOMY).				
13.	# of KM	Enter the number of KM flown round-trip.				
14.	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.				
15.	Total Expenses	Sum the amounts entered.				
16.	Less Accountable Advance	Enter the amount provided as an accountable advance (if applicable).				
17.	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.				

Expense Report/Accountable Advance Settlement Form: Instructions for Completion

Field Number	Field Name	Step Description		
		and a second sec		
18.	Business Area	For UofT excluding Ancillaries, enter 1000.		
19.	Company Code	Enter the applicable Company Code.		
20.	Document No.	Enter the system generated document number upon posting to FIS.		
21.	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.		
22.	Tax Code	The tax codes for the pre-defined expense categories should not be changed.		
23.	Cost Center/Internal Order	Enter either the applicable cost center or the applicable internal order number but		
		not both.		
24.	Fund	If applicable enter the Fund number.		
25.	Funds Center	Enter the applicable Funds Center.		
26.	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.		
27.	Assignment	Enter a desciption of the transaction to help track line item postings.		

Note: Original receipts are required to support all claims with the exception of kilometerage and per diem. Photocopies and facsimile receipts are <u>not</u> 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://finance.utoronto.ca/policies/gtfm/travel-and-other-reimbursable-expenses/