

Expense Report/Accountable Advance Settlement

Period of Travel	From: _____	To: _____	Document Number: _____
Name: _____			
Address: _____			
Location and Description of Travel: _____			
Department Contact: _____		Department: _____	Telephone: _____

Currency Details: _____ CDN Funds _____ US Funds _____ Other _____ Conversion Rate _____

Original receipts are required except for Kilometerage and Per Diem claims

Expense Categories	Amount	General Ledger Account	Tax Code	Cost Center	Internal Order	CF Center	Fund	Commitment Item
Airfare/Canada or US		84__010	i6					
Airfare/Other		84__010	i0					
Rail-Bus/Canada		84__050	i6					
Rail-Bus/Other		84__050	i0					
Car Rental/Canada		84__060	i6					
Car Rental/Other		84__060	i0					
Taxis in Canada		84__080	i6					
Taxis Other		84__080	i0					
Mileage/Canada ____ km * ____ ¢/km		84__040	i6					
Mileage/Other ____ km * ____ ¢/km		84__040	i0					
Accommodation/Canada		84__020	ie					
Accommodation/Other		84__020	i0					
Meals/Canada		84__070	ie					
Meals/Other		84__070	i0					
Per Diem/Canada		84__030	i6					
Per Diem/Other		84__030	i0					
Total Expenses		Remarks:						
Less Accountable Advance	(_____)							
Reimbursement Requested/(Repayment)								

DECLARATION BY CLAIMANT: I HAVE READ THE UNIVERSITY'S REGULATION ON REIMBURSEMENT OF EXPENSES AND CONFIRM THAT I AM IN COMPLIANCE. (<http://www.finance.utoronto.ca/gtfm/8gfm/8-7.htm#EligibleExpenses>)

Signature of Claimant: _____	Print Name: _____	Title: _____	
Authorized Approval: _____	Print Name: _____	Title: _____	

Notes: Please provide original receipts, including airline tickets and boarding passes. Be sure to complete the Location and Description of Travel section. Convert the currency into the one in which you wish to be paid and state which conversion rate was used.
Any questions please contact Angela Choi, Financial Officer at (416)946-7119 or choi@astro.utoronto.ca