



EXPENSE REIMBURSEMENT FORM November 2021

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.

CAD
 USD
 Other

Claim Type: Select claim type. Enter code, below, to complete G/L account. If G/L account is not listed, enter appropriate G/L account on "OTHER" line.

| | |
|---|---------------------|
| 0 | EMPLOYEE FIELD TRIP |
| 1 | EMPLOYEE CONFERENCE |
| 2 | STUDENT FIELD TRIP |
| 3 | STUDENT CONFERENCE |
| 4 | VISITOR |

Business Area:
 Company Code: **UofT**
 Document Number:

TO BE COMPLETED BY CLAIMANT

| Personnel Number | Period of Travel | EXPENSE CATEGORIES | | AMOUNT | G/L ACCOUNT NUMBER | TAX CODE | COST CENTER | INTERNAL ORDER | FUNDS CENTER | FUND | COMMITMENT ITEM |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------|--------------------|-----------|-------------|----------------|--------------|------|-----------------|
| Last Name | First Name | AIRFARE: Attach itinerary receipts and boarding passes | Travel within Canada | | 8 4 0 1 0 | ER | | | | | |
| Address | | | Travel to USA from Ontario | | 8 4 0 1 0 | EE | | | | | |
| Purpose and Relevance to University Business | | ACCOMMODATION: | All other Airfare | | 8 4 0 1 0 | E0 | | | | | |
| | | | ON (13%HST) | | 8 4 0 2 0 | ER | | | | | |
| | | | PEI, NS, NF, NB (15%HST) | | 8 4 0 2 0 | EN | | | | | |
| | | | All other provinces / territories | | 8 4 0 2 0 | EE | | | | | |
| Department Contact | | | USA / International | | 8 4 0 2 0 | E0 | | | | | |
| Cheryl Dreifelds cdreifelds@rogers.com | | | | | | | | | | | |
| Department | | RAIL/BUS | Travel within Canada | | 8 4 0 5 0 | ER | | | | | |
| Surgery | | | Travel outside Canada | | 8 4 0 5 0 | E0 | | | | | |
| Telephone | | PUBLIC TRANSIT | Travel within or outside Canada | | 8 4 0 5 5 | E0 | | | | | |
| 416-200-0154 | | | | | | 8 4 0 6 0 | ER | | | | |
| Date Prepared | | CAR RENTAL: Attach detailed receipt & contract | ON (13%HST) | | 8 4 0 6 0 | EN | | | | | |
| | | | PEI, NS, NF, NB (15%HST) | | 8 4 0 6 0 | EE | | | | | |
| | | | All other provinces / territories | | 8 4 0 6 0 | E0 | | | | | |
| | | | USA / International | | 8 4 0 6 0 | ER | | | | | |
| Claimant Declaration: I certify that I have incurred the expenses claimed, they are in compliance with University policies & procedures, all sponsor terms and conditions (if applicable), & have not been claimed through other sources. | | MEALS: Attach detailed itemized receipts | ON (13%HST) | | 8 4 0 7 0 | EN | | | | | |
| | | | PEI, NS, NF, NB (15%HST) | | 8 4 0 7 0 | EE | | | | | |
| | | | All other provinces / territories | | 8 4 0 7 0 | E0 | | | | | |
| | | | USA / International | | 8 4 5 0 0 0 | ER | | | | | |
| Signature of Claimant | | TAXI: | ON (13%HST) | | 8 4 5 0 0 0 | EN | | | | | |
| | | | PEI, NS, NF, NB (15%HST) | | 8 4 5 0 0 0 | EE | | | | | |
| Print Name | Title | | All other provinces / territories | | 8 4 5 0 0 0 | E0 | | | | | |
| | | | USA / International | | 8 3 7 8 0 0 | ER/EO | | | | | |
| Authorized Approver Declaration: I certify the expenses claimed were reasonable & required for University business & (if applicable) are relevant to the research being funded. | | OTHER: | Conference Registration* | | 8 3 5 7 8 0 | ER/EO | | | | | |
| | | | Parking | | 8 0 0 9 0 5 | ER/EO | | | | | |
| | | | Educational Assistance | | 8 2 5 5 4 0 | ER/EO | | | | | |
| | | | Classroom/Teaching Supplies | | 8 3 6 4 0 0 | ER | | | | | |
| | | | Hospitality/Catering | | | | | | | | |
| | | | | | | | | | | | |
| Signature of Authorized Approver | | | | | | | | | | | |
| Print Name | Title | TOTAL EXPENSES | | \$0.00 | | | | | | | |
| Dr. Carol Swallow | Bernard and Ryna Langer | REIMBURSEMENT REQUIRED | | | | | | | | | |
| Division of General Surgery | Chair | | | | | | | | | | |
| Signature of Authorized Approver | | *Conference fee only, excludes courses, social activities, etc | | | | | | | | | |
| Print Name | Title | PLEASE NOTE: Original receipts are required unless electronic | | | | | | | | | |
| Dr. Jim Rutka | Chair | Please complete and send with receipts to Cheryl Dreifelds. Please direct any questions to cdreifelds@rogers.com | | | | | | | | | |
| Department of Surgery | | | | | | | | | | | |