



EXPENSE REIMBURSEMENT FORM - Dept. of Surgery (Updated Oct 2019)

TO BE COMPLETED BY CLAIMANT

TO BE COMPLETED BY BUSINESS OFFICER

Indicate Reimbursement Currency:	CAD
Please convert all expenses to ONE currency in which you wish to receive payment.	USD
Provide exchange rate or copy of credit card statement showing actual charges.	Other (Specify)
	Exchange Rate:

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	Date
	1	EMPLOYEE CONFERENCE	Document Number:
	2	STUDENT FIELD TRIP	
	3	STUDENT CONFERENCE	
	4	VISITOR	

TO BE COMPLETED BY CLAIMANT

PRINT CLEARLY		EXPENSE CATEGORIES	AMOUNT	G/L ACCOUNT NUMBER	TAX CODE	FUND CENTRE	COST CENTRE or INTERNAL	FUND	
Last Name	First Name	AIRFARE: Travel within Canada		8 4 0 1 0	ER				
Complete Mailing Address:		Must Include proof of travel documents	Travel to US from Ontario	8 4 0 1 0	EE				
		ACCOMM: ON, NF, NB (13% HST)	All other destinations		8 4 0 1 0	E0			
			PEI (14% HST)		8 4 0 2 0	ER			
NS (15% HST)			8 4 0 2 0	EP					
All other provinces/territories			8 4 0 2 0	EN					
Purpose and Relevance to University Business:		ALLOWANCE: USA / International	Per Diem: Canada	8 4 0 2 0	EE				
			Per Diem: USA / International		8 4 0 3 0	EA			
			KMS x .57 cents/km (mileage)		8 4 0 3 0	E0			
			Travel within Canada		8 4 0 4 0	EA			
Department:		RAIL/BUS: Travel outside Canada		8 4 0 5 0	ER				
				8 4 0 5 0	E0				
Department Contact:		CAR RENTAL: ON, NF, NB (13% HST)		8 4 0 6 0	ER				
			PEI (14% HST)		8 4 0 6 0	EP			
			NS (15% HST)		8 4 0 6 0	EN			
			All other provinces/territories		8 4 0 6 0	EE			
Telephone	Email	USA / International		8 4 0 6 0	E0				
				8 4 0 7 0	ER				
Date Prepared:		MEALS: Must include an itemized list for all meal expenses	ON, NF, NB (13% HST)	8 4 0 7 0	EP				
			PEI (14% HST)		8 4 0 7 0	EN			
			NS (15% HST)		8 4 0 7 0	EE			
			All other provinces/territories		8 4 0 7 0	E0			
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.		TAXI: ON, NF, NB (13% HST)		8 4 5 0 0 0	ER				
			PEI (14% HST)		8 4 5 0 0 0	EP			
			NS (15% HST)		8 4 5 0 0 0	EN			
			All other provinces/territories		8 4 5 0 0 0	EE			
Signature of claimant		USA / International		8 4 5 0 0 0	E0				
			OTHER: Parking		8 3 5 7 8 0	E0			
			You may add other categories not listed	Conference/Registration Fee	8 3 7 8 0 0	ER/E0			
			Professional Membership	8 3 7 4 2 0	ER/E0				
Approved By: (Name and Title)			Hospitality/Catering	8 3 6 4 0 0	ER/E0				
			Computer/Laptop	8 2 1 1 1 0	E1				
			Gift cards	8 3 6 4 2 0	E0				
			Subscriptions	8 2 5 6 1 0	E0/ER				
Signature of Approver			Office Supplies	8 2 5 0 0 0	ER				
Authorized by: Dr. James Rutka, Chair		TOTAL EXPENSES		NOTE: Return (with ORIGINAL RECEIPTS & PROOF OF PAYMENT) to:					
		Less: ACCOUNTABLE ADVANCE		Attn: Harjit Bains, Dept. of Surgery, Univ. of Toronto,					
		REIMBURSEMENT REQUIRED		149 College St. Room 503, Toronto, Ontario M5T 1P5 (CANADA)					
		OR REPAYMENT		Please pay from account:					