



EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT



PLEASE FILL OUT THE APPROPRIATE BLUE SHADED AREAS AND SIGN THE FORM. The rest of the form will be filled out by the IPP Office.

Period of Travel	From:	To:	Document Number:
Name:			
Address:			
Location and Description of Travel:			
Department Contact:	David Bailey	Department:	Physics
		Telephone:	416-978-4993
Currency Details:	CDN Funds	US Funds	Other
		Conversion Rate	Date Prepared:

ORIGINAL RECEIPTS ARE REQUIRED except for Kilometerage and Per Diem claims.

Expense Categories	Amount	G/L Account	Tax Code	Cost Centre	Internal Order	CF Centre	Fund	Commitment Item
Airfare	Travel within Canada	8 4 0 1 0	ER					
	Travel to US from CAN	8 4 0 1 0	EE					
	Travel International	8 4 0 1 0	E0					
Accommodation	ON,NF,NB(13%HST)	8 4 0 2 0	ER					
	BC (12% HST)	8 4 0 2 0	EB					
	NS (15% HST)	8 4 0 2 0	EN					
	Other Provinces	8 4 0 2 0	EE					
	Outside Canada	8 4 0 2 0	E0					
Per Diem Allowance	In Canada	8 4 0 3 0	EA					
	Outside Canada	8 4 0 3 0	E0					
Mileage: KMs x 47 cents / KM	In Canada	8 4 0 4 0	EA					
	Outside Canada	8 4 0 4 0	E0					
Rail / Bus	In Canada	8 4 0 5 0	ER					
	Outside Canada	8 4 0 5 0	E0					
Car Rental	ON,NF,NB(13%HST)	8 4 0 6 0	ER					
	BC (12% HST)	8 4 0 6 0	EB					
	Other Provinces	8 4 0 6 0	EE					
	Outside Canada	8 4 0 6 0	E0					
Meals	ON,NF,NB(13%HST)	8 4 0 7 0	ER					
	BC (12% HST)	8 4 0 7 0	EB					
	Other Provinces	8 4 0 7 0	EE					
	Outside Canada	8 4 0 7 0	E0					
Taxi	ON,NF,NB(13%HST)	8 4 5 0 0 0	ER					
	BC (12% HST)	8 4 5 0 0 0	EB					
	Other Provinces	8 4 5 0 0 0	EE					
	Outside Canada	8 4 5 0 0 0	E0					
Other:								

Total Expenses		General Ledger Account codes to insert above: [0] Employee Field Trip [1] Employee conference/meetings [2] Student Field trip [3] Student conference [4] Visitor
(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 (See <http://www.finance.utoronto.ca/gtfm/travel/policy.htm>)

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