McMaster University

Accounts Payable (Travel)

http://www.mcmaster.ca/bms/BMS_Purchasing_Resources.htm

EXPENSE REPORT

SECTION ONE: Payee and Accounting Details

Name and Address of Payee (please print):

Name (limit 35 characters)

Address (limit 28 characters)

City/Province (limit 20 characters) | Postal Code

Shaded Areas for Accounts Payable Use

Date Prepared

MO	DY	YR

Batch Number

Currency (check one)

- ☐ Canadian $ 1
- ☐ US $ 9
- ☐ Other (please specify)

Vendor Code

	Accounts to be Charged			AMOUNT	D/C	Advance #	F/P
From Box B					D		
					D		
					D		
					D		
From Box C	0	11212	2127		D		
From Box D	0	11212	2195		D		
	Subtotal B + C + D						
	Deduct University Prepaid Expenses						
From Box A	0	10230	1330		C		
	0	10230	1330		C		
	0	10230	1330		C		
	- Subtotal A						
	If Negative (-) result				D	Amount Owing to McMaster . Select repayment option.*	
If Positive (+) result	0	00000	5000		C	Amount Payable to Claimant. Select payment option below.	

*Repayment Options: If there is an amount owing to McMaster please select one of the following options:

- ☐ Attach a personal cheque, payable to McMaster University
- ☐ Deduct amount owing through payroll deduction

Payment Options: Please select one:

- ☐ McMaster Cheque
- ☐ Direct Bank Deposit

Cheque Stub Description: limit 24 characters

McMaster Employee ID: limit 7 characters

Mailing Instructions:

- ☐ Mail Cheque directly to payee
- ☐ Addressed envelope attached

Accounts Payable Approval

SECTION TWO: Declaration and Authorizations

Department Contact/Preparer | Telephone | Department | Address

Declaration by Claimant: I have read the University's published regulations on reimbursement of expenses and confirm that I am in compliance.

Signature of Claimant | Printed Name | Title | E-mail

Signature of Approving Officer | Printed Name | Title

Research Office Approval

Date:

Send form and receipts to AP (Travel), DTC-403 or Research Finance Office (if appllicable)

Please STAPLE original receipts here, facing upwards, in the order listed below.

SECTION THREE: Expense Details

Dates: From: To:

Location(s):

Purpose:

(If Research please specify name of and relevance to research project/grant.)

Please refer to the Travel Policy and current per diem allowances. http://www.mcmaster.ca/bms/policy/accounts_payable/ap010.html		University Pre-paid Expenses	TOTAL EXPENSES INCLUDING PRE-PAID EXPENSES				
Expense Type	**Receipt Requirement** Please attach original receipts.	**Cdn $ Equivalent**	**Foreign Amount**	**Exchange Rate**	**Cdn $ Equivalent less Personal**	**GST* Charged**	**HST* Charged**
Airfare	Agency invoice and boarding passes						
Bus	Passenger Ticket Stub						
Railway	Passenger Ticket Stub						
Auto Allowance	kms x .40 /km						
Taxi	Taxi Receipt						
Parking	Parking Receipt						
Vehicle Rental	Customer's copy of the rental charges and gas receipts						
Accommodation	Detailed Statement						
Meals with Receipt	Itemized receipts. If Business Entertainment, attach list of attendees						
Meals per diem and/or	___ days x $48 /day= ___ ___ B ___ L ___ D						
Conference Registration	Registration Form plus original Receipt/Proof of Payment						
Miscellaneous (please provide details)	Original Receipts						
	Total Prepaid **A**		Total Expenses				
			Less **C** (GST Rebate)			x 67%	x 73.77%
			Less **D** (HST Rebate)				
			Box **B**			**C**	**D**

Missing Receipts? *Please provide details*

Reason:

Type of Expense:

Paid to:

Date of Expense: Amount:

Type of Expense:

Paid to:

Date of Expense: Amount:

*Tax Rebates on Auto and Meal Allowances:

GST: Total Expense Amount x 5/105

HST: Total Expense Amount x 13/113