



### EXPENSE REPORT / ACCOUNTABLE ADVANCE SETTLEMENT Financial Services Dept. (revised March 15, 2023)

**TO BE COMPLETED BY CLAIMANT**

**Accounting Information - TO BE COMPLETED BY BUSINESS OFFICER**

**Indicate reimbursement currency:**  
 Ensure all amounts below are entered in the requested reimbursement currency.  
**NOTE: Original receipts are required.**

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:	<b>UofT</b>
Document Number:	

**TO BE COMPLETED BY CLAIMANT**

Personnel Number	Period of Travel	<b>EXPENSE CATEGORIES</b>	<b># OF KM (round trip)</b>																								
Last Name	Initial	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;"><b>AIRFARE:</b> <small>Attach proof of payment &amp; proof of air travel (*)</small></td><td style="width: 15%;">ECONOMY</td><td>Travel within Canada</td><td></td></tr> <tr><td></td><td></td><td>Travel to USA from Ontario</td><td></td></tr> <tr><td></td><td></td><td>All other Airfare</td><td></td></tr> <tr><td></td><td>ABOVE-ECONOMY</td><td>Travel within Canada</td><td></td></tr> <tr><td></td><td></td><td>Travel to USA from Ontario</td><td></td></tr> <tr><td></td><td></td><td>All other Airfare</td><td></td></tr> </table>	<b>AIRFARE:</b> <small>Attach proof of payment &amp; proof of air travel (*)</small>	ECONOMY	Travel within Canada				Travel to USA from Ontario				All other Airfare			ABOVE-ECONOMY	Travel within Canada				Travel to USA from Ontario				All other Airfare		
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<b>Claimant Declaration:</b> 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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><b>OTHER:</b></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	<b>OTHER:</b>																								
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Signature of Claimant																											
Print Name	Title																										
<b>Authorized Approver Declaration:</b> I certify the expenses claimed were reasonable & required for University business & (if applicable) are relevant to the research being funded.																											
Signature of Authorized Approver																											
Print Name	Title																										
<b>For AA Settlements: Financial Services (original copy) Originating department (photocopy)</b>																											

AMOUNT	G/L ACCOUNT	TAX CODE	COST CENTER OR INTERNAL ORDER	FUNDS CENTER	FUND	COMMITMENT ITEM	ASSIGNMENT
	8 4 0 1 0	ER					
	8 4 0 1 0	EE					
	8 4 0 1 0	E0					
	8 4 0 1 0	ER					
	8 4 0 1 0	EE					
	8 4 0 1 0	E0					
	8 4 0 2 0	ER					
	8 4 0 2 0	EN					
	8 4 0 2 0	EE					
	8 4 0 2 0	E0					
	8 4 0 3 0	EA					
	8 4 0 3 0	E0					
	8 4 0 4 0	EA					
	8 4 0 5 0	ER					
	8 4 0 5 0	E0					
	8 4 0 5 5	E0					
	8 4 0 6 0	ER					
	8 4 0 6 0	EN					
	8 4 0 6 0	EE					
	8 4 0 6 0	E0					
	8 4 0 7 0	ER					
	8 4 0 7 0	EN					
	8 4 0 7 0	EE					
	8 4 0 7 0	E0					
	8 4 5 0 0 0	ER					
	8 4 5 0 0 0	EN					
	8 4 5 0 0 0	EE					
	8 4 5 0 0 0	E0					

<b>TOTAL EXPENSES</b>	
<b>LESS: ACCOUNTABLE ADVANCE</b>	
<b>REIMBURSEMENT REQUIRED</b>	
<b>OR REPAYMENT</b>	

<b>NOTES:</b>

(\*) Refer to expense reimbursement checklist @ [and the Guide to Financial Management @](#)

[Expense Reimbursement Checklist - Template - Financial Services](#)  
[Travel and Other Reimbursable Expenses - Policies and Guidelines - Financial Services](#)

Air Miles Calculator @ <https://www.airmilescalculator.com/>