

Expense Reimbursement (Non-Travel)

Last Name _____

First Name _____

Expense Details: _____

Doc. No. _____

CC/IO: _____

CFC: _____

CF: _____

EXPENSE CATEGORIES	AMOUNT (CAD)	AMOUNT ()	ACCOUNT NUMBER	TAX CODE
Equipment Computer			8 2 1 1 1 0	
Supplies General			8 2 5 0 0 0	
Computer Software			8 2 5 2 0 0	
Laboratory Supplies			8 2 5 5 0 0	
Printed Materials/Publications			8 2 5 6 0 0	
Office Supplies			8 2 5 8 0 0	
Computer Supplies			8 2 5 8 2 0	
Services General			8 3 5 0 0 0	
Postage			8 3 5 0 6 0	
Parking			8 3 5 7 8 0	
Book Binding			8 3 6 3 0 0	
Hospitality (Meals etc.)			8 3 6 4 0 0	
Gifts/Goodwill			8 3 6 4 2 0	
Photocopying/Printing			8 3 7 2 0 0	
Other:				
Other:				
Other:				
Total				

Declaration by Claimant: I have read the University's regulation on reimbursement of expenses and confirm that I am in compliance.	
Signature of Claimant: _____	Signature of Authorized Approver: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Email: _____	

Address (Non UofT employees please complete):	
Street:	_____
City:	_____
Postal Code:	_____