

Expense Reimbursement (Travel Related)

Last Name _____	First Name _____
Description of Travel: _____	Doc. No. _____
Purpose: _____	CC/IO: _____
Location: _____	CFC: _____
Dates: _____	CF: _____

Home Address (To Be Completed By Non-UofT Employees): _____

Purpose of Travel: (0) Employee Field Trip (1) Employee Conference/Meeting (2) Student Field Trip (3) Student Conference/Meeting (4) Visitor

EXPENSE CATEGORIES		AMOUNT (CAD)	AMOUNT ()	ACCOUNT NUMBER	TAX CODE
AIRFARE:	Travel within Canada			8 4 0 1 0	ER
	Travel to USA from Ontario			8 4 0 1 0	EE
	All other Airfare			8 4 0 1 0	E0
ACCOMMODATION:	ON (13%HST)			8 4 0 2 0	ER
	PEI, NS, NF, NB (15%HST)			8 4 0 2 0	EN
	All other provinces / territories			8 4 0 2 0	EE
	USA / International			8 4 0 2 0	E0
ALLOWANCE:	Per Diem Meals: Canada (max. \$55/day)			8 4 0 3 0	EA
	Per Diem Meals: USA / International (max. \$75 CDN/day)			8 4 0 3 0	E0
	KMS _____ X 54 cents/km			8 4 0 4 0	EA
RAIL/BUS:	Travel within Canada			8 4 0 5 0	ER
	Travel outside Canada			8 4 0 5 0	E0
PUBLIC TRANSIT	Travel within or outside Canada			8 4 0 5 5	E0
CAR RENTAL:	ON (13%HST)			8 4 0 6 0	ER
	PEI, NS, NF, NB (15%HST)			8 4 0 6 0	EN
	All other provinces / territories			8 4 0 6 0	EE
	USA / International			8 4 0 6 0	E0
MEALS:	ON (13%HST)			8 4 0 7 0	ER
	PEI, NS, NF, NB (15%HST)			8 4 0 7 0	EN
	All other provinces / territories			8 4 0 7 0	EE
	USA / International			8 4 0 7 0	E0
TAXI:	ON (13%HST)			8 4 5 0 0 0	ER
	PEI, NS, NF, NB (15%HST)			8 4 5 0 0 0	EN
	All other provinces / territories			8 4 5 0 0 0	EE
	USA / International			8 4 5 0 0 0	E0
MISCELLANEOUS TRAVEL EXPENSE:				8 4 0 8 0	
CONFERENCE REGISTRATION:				8 3 7 8 0 0	
OTHER EXPENSES:					
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: _____	_____