

CLAIM FOR REIMBURSEMENT OF EXPENSES or CLEARING OF ACCOUNTABLE ADVANCE FORM

Accounts Payable
Date Stamp

Instructions: *If completing by hand, please print.*

1. Preparer/claimant: Complete all shaded areas as applicable. When complete, **make a copy of your claim and receipts for your records** and forward the original claim to the appropriate approver.
2. Approving department: Forward original claim with all receipts to Accounts Payable, Finance Department

Notes:

- Claim must comply with [Procedure on Reimbursement of Expenses](#). For useful info, see [Expense Claim Review Checklist and FAQ](#).
- Payroll Services processes all remuneration including honorariums, stipends, prizes, etc. SFS processes awards, bursaries, etc. Do not use this form for these payments.
- Purchases of goods/services are not eligible expenses. York must acquire directly through A/P processes, in compliance with [Procurement Procedure](#).
- If refunding the University for an accountable advance, do not send cash through external or internal mail.

Claimant's Name	Surname	First Name
* Mandatory for all Employees Employee #	E	Direct Deposit Click here for Employee Direct Deposit Banking Application
Contact Details	Phone	Email (mandatory)
Claimant's Mailing Address	Internal campus address or External address	
	City	Province/State Postal code/Zip Country

Purpose of Expenses (please also attach agenda for conference-related travel)			
Travel Details	Destination(s)	Dates	
Affiliation to research grant (for research claims)			

If there is insufficient space to itemize your receipts, please use the [Receipt Itemization and Rebate Calculator tool](#).

Explanation		Automobile		Expenditures						
Date	Description	# of KM's	Amount @ 45¢	Air, Bus or Rail	Taxis	Lodging	Meals	Hospitality	Other	Total
Total Expenses										

Preparer must complete all non-shaded areas. Only the specific shaded boxes are for Finance Use.

Finance Use Only	Vendor ID			Open Advance Reference #		Payable in		
	Chartfield(s) to be Charged			Activity	Optional Time	CAD	USD	Other
	Account	Fund	Cost Centre			Location	Amount	
For detailed instructions on the HST/GST rebate, see calculator at http://www.yorku.ca/finance/documents/rebate_calc.xls								
Checked by	001623	200	233009	GST rebatable expenses	\$		x 0.0258	
	001680	200	233009	HST rebatable expenses	\$		x 0.078	
	Total Expenses							
Date	004	01	Less Accountable Advance					
	Due Claimant (if positive)			Refund York (if negative); please attach cheque			Net Amount	

Claimant: I hereby certify I have incurred these expenditures, that they are in compliance with all University policies and they have not been reimbursed by a third party.

Approver: I hereby certify that I have reviewed the expenditures, confirmed that they are in compliance with all University policies, and that sufficient funds are available to cover the expenditures.

Claimant's Name (print)	Claimant's Signature	Approver's Name (print)	Approver's Signature
Title & Unit	Date	Title & Unit	Date
Prepared by (print)	Signature	Secondary Approver's Name (print)	Approver's Signature
Phone	Date	Title & Unit	Date