YORK UNIVERSITÉ UNIVERSITY redefine THE POSSIBLE.

CLAIM FOR REIMBURSEMENT OF EXPENSES or CLEARING OF ACCOUNTABLE ADVANCE FORM

Accounts Payable Date Stamp

Instructions:
1. Preparer/claimant: Complete all non-shaded areas as applicable. When completed, retain a copy of this form for your records and forward the original claim to the appropriate approver.
2. Approving department: For research claims, forward original claim with all receipts to A/P. For non-research, retain receipts for departmental records and forward claim form only to A/P. Forward to Accounts Payable, Suite B, E.O.B.

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	
Employee Number	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
			0.00							0.00
			0.00							0.00
			0.00							0.00
			0.00							0.00
			0.00							0.00
									Total Expenses	0.00 **A**

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 CAD ☐ USD ☐ Other ☐	
	Chartfield(s) to be Charged Account	Fund	Cost Centre	Activity	Optional Time	Location	Amount
							B
	For detailed instructions on the HST/GST rebate, see calculator at http://www.yorku.ca/finance/documents/rebate_calc.xls						
	001623	200	233009	GST rebatable expenses $		x 0.0258	0.00 **C**
Checked by	001680	200	233009	HST rebatable expenses $		x 0.078	0.00 **D**
						Total Expenses	0.00 **A**
Date	004 01					**Less Accountable Advance**	
	Due Claimant (if positive) ☐			**Refund York (if negative); please attach cheque** ☐		**Net Amount**	0.00

Claimant: I hereby certify I have incurred these expenditures, that they are in compliance with all University polices 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

Finance Department – Accounts Payable

Print Clear Form

CRE June 2010