

PROFESSIONAL EXPENSE REIMBURSEMENT (PER) 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 completed, **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](#) and [PER Guidelines](#). 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 - 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	

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		
							CAD	USD	Other
	Chartfield(s) to be Charged						Optional		
	Account	Fund	Cost Centre	Activity	Time	Location	Amount		
Checked by	For detailed instructions on the HST/GST rebate, use the Receipt Itemization and Rebate Calculator								
	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 _____

PER Approval:

From Dean/Chair/Principal/ University Librarian _____ Approver's Name (print) _____ Approver's Signature _____

Title & Unit _____ Date _____

Title & Unit _____ Date _____

Prepared by (print) _____ Signature _____

Non-PER:

Approval from the person to whom the claimant reports _____ Approver's Name (print) _____ Approver's Signature _____

Phone _____ Date _____

Title & Unit _____ Date _____