



Expense Report

SECTION ONE: ACCOUNTING DETAILS

Name and Address of Payee (Please Print)

Name (limit 35 characters)

Address (limit 28 characters)

City / Prov. (limit 20 characters)

Postal Code (6 characters)

Shaded Areas for Accounts Payable Use.

Date Prepared

MO DY YR

Batch Number

Currency (Check one)

- Cdn \$ 1

- US \$ 9

- Other (please specify)

Vendor Code

If there is an amount owing to McMaster please select one of the following options:

Attach a personal cheque, payable to McMaster University.

Deduct amount owing through payroll deduction.

McMaster Roll 1 I.D. #
(For clearing advances/bank deposit refund/payroll deduction)

From Box B

From Box C

Accounts to be Charged	AMOUNT	D/C	Advance #	F/P
		D		
		D		
		D		
		D		
0 1 1 2 1 2 2 1 2 7		D		

B + C Subtotal

From Box A

Deduct University Prepaid Expenses		D/C	Advance #	F/P
0 1 0 2 3 0 1 3 3 0		C		
0 1 0 2 3 0 1 3 3 0		C		
0 1 0 2 3 0 1 3 3 0		C		

- Subtotal A

If Negative (-) result

Amount Owing to McMaster. Select repayment option

If Positive (+) result

0 0 0 0 0 0 5 0 0 0		C		
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Amount Payable to Claimant. Select payment option (below)

Payment Options: Please select one

- McMaster Cheque. Please complete section below. Direct Bank Deposit. Please complete I.D. box. * available after March 1, 1997.

MAILING INSTRUCTIONS: Mail Cheque Addressed Envelope Attached

Cheque Identification - To be printed on the cheque stub (limit 24 characters)

Travel Services Authorization

SECTION TWO: DECLARATION

Authorized Research Office

Department Contact if different than Claimant Telephone No. Date Department

Research Office Approval

Declaration by Claimant

I have read the University's published regulations on reimbursement of expenses and confirm that I am in compliance.

Date

X Signature of Claimant PRINTED Name Title Telephone Email

X Signature of Authorized Approving Officer PRINTED Name Title

Please STAPLE original receipts here, facing upwards, in the order listed below

SECTION THREE: EXPENSE DETAILS

DATES From: _____ To: _____

Location(s): _____

Purpose _____

Please refer to the Travel Policy, and current per diem rates (available on website) or call McMaster Travel Services, ext. 24502.		UNIVERSITY PRE-PAID EXPENSES	TOTAL EXPENSES INCLUDING PREPAID EXPENSES			
Expense Detail	Receipt Requirement Please attach original receipts.	Cdn. \$ Equivalent	Foreign Amount	Exchange Rate	Cdn \$ Equivalent less Personal	GST Charged
Airfare	Customer portion of Ticket identified as "Customer/Passenger" Coupon					
Railway/Bus	Passenger Ticket Stub					
Auto Allowance	_____ m X \$ _____ / m _____ kms X \$ _____ / km					
Vehicle Rental	Customer's copy of the rental charges and gas receipts.					
Taxi	Taxi Receipt					
Parking	Parking Receipt					
Accommodation	Detailed Statement including charges					
Meals with receipt	Itemized receipt					
Meals per diem	_____ days X \$ _____ /day and/or _____ breakfast _____ lunch _____ dinner					
Conference Registration	Registration Form plus original Receipt/ Proof of Payment					
Miscellaneous (please give details)	Original Receipts					

Total Prepaid ▶

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A

Total Expenses ▶
subtract amount from Box C ▶

-
=

B

Total GST

x 67%

◀ =

C