

Expense Report

Reference # (mmmdyy)

E

Cheque Payable To: (Claimant's Name)		Banner ID (A#) (Required)		Department		Mailing Address & Postal Code (for external mailing only)																																	
Depart/Event(dd-mmm-yy)		Return / Event (dd-mmm-yy)		Destination (City & Country) / Purpose			Phone	Email																															
Claim Log Summary (support with receipts and expenditure logs)									Total claim																														
		CDN \$	CDN \$	CDN \$	CDN \$	CDN \$	CDN \$	CDN \$	CDN \$																														
Transportation																																							
Accommodations																																							
Meals/Per Diem																																							
Hospitality																																							
Other																																							
Total																																							
Required: Do these expenses relate to a NSERC / SSHRC /CIHR grant?					Accounting Information																																		
Yes _____ NO _____ If yes answer questions below.					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fund (6)</th> <th>Org (4)</th> <th>Acc't (5)</th> <th>Prog (4)</th> <th>\$ Total</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Total Reimbursable Expenses</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>					Fund (6)	Org (4)	Acc't (5)	Prog (4)	\$ Total					\$																Total Reimbursable Expenses				\$
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Total Reimbursable Expenses				\$																																			
Participation in a Conference (attach official documentation showing dates of events: either a registration receipt or a copy of the first page of the program).																																							
Field Trip (provide details on activities, dates etc.).																																							
Consultation with Colleagues (provide the name(s) or organization(s), and dates).																																							
Other (provide details on the purpose and on how the expenses relate to the research).																																							
If claimant is other than grantee please provide affiliation with the grantees research.																																							
Third Party Recovery (Please answer Yes or No)					Less Advance: ** The advance account number must be either 78699 or 73550 **																																		
I will be receiving Third Party Recovery for all or a portion of these expenses.					<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fund (6)</th> <th>Org (4)</th> <th>Acc't (5)</th> <th>Prog (4)</th> <th>\$ Total</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Total Advance</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>					Fund (6)	Org (4)	Acc't (5)	Prog (4)	\$ Total					\$											Total Advance				\$					
Fund (6)	Org (4)	Acc't (5)	Prog (4)	\$ Total																																			
				\$																																			
Total Advance				\$																																			
Claimant Certification					Balance Due Claimant: \$																																		
I certify the expenditures are in accordance with University and/or NSERC / SSHRC / CIHR Policies.					Balance Due University: \$																																		
Date (dd-mmm-yy)		Claimant (Signature)		Claimant (Print)																																			
Authorization in accordance with University and/or NSERC / SSHRC / CIHR Policies.					Financial Services Only																																		
Date (dd-mmm-yy)		Dean / Department Head (Signature)		Dean / Department Head (Print)		Date (dd-mmm-yy)	Signature		Tax																														
Date		Other (Signature)		Print Name: (Other)																																			