

## Expense Reimbursement: Non-Travel

Claimant's Full Name :

Mailing Address & Email Address (For UofT Employee Direct Deposit: include Personnel Number instead)

Period :  
Location :

Purpose / Description :

Date :

Expense Claim Item	Subtotal						Amount		GL No.	Tax Code		
							CAD	Other				
Business meal / Hospitality									836400			
Computer supplies									825820			
Courier									835070			
General supplies									825000			
Gifts									836420			
Insurance									836700			
Internet									835050			
Moving expenses									837100			
Office supplies									825800			
Postage									835060			
Printing/Photocopies									837200			
Professional membership									837420			
Publications and books									825600			
Subscriptions									825610			
Taxi/bus/subway									845000			
Other												
<b>Total Amount Claimed</b>									<b>Please pay in</b>			
							ER-ON,NB,NL	EB-BC	EN-NS	EE-Other	EO-Outside Canada	<input type="text"/> currency

(Name of Project/Centre)	CC/IO	CFC	Fund	Commitment Item	Allocation

I have read the University's regulation on reimbursements of expenses and confirm that I am in compliance.

\_\_\_\_\_  
Authorized Approval

\_\_\_\_\_  
Authorized Approval

\_\_\_\_\_  
Signature of claimant

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Name, Title