

EXPENSE CLAIM FORM
(No Travel Related Expenses Please)

NAME: *
 DEPARTMENT: *
 ADDRESS:
 CITY:
 PROVINCE:

EMPLOYEE ID: *
 DATE: *
 DD/MM/YYYY
 POSTAL CODE:

BUSINESS PURPOSE *

OTHER COMMENTS *

***DETAILS OF EXPENDITURE**

ACCOUNT	CLASS	DATE	DESCRIPTION	AMOUNT	GST
Sub-total Expenses					
Refund to Claimant					

I certify that the total expenses for this claim were incurred for University business only and that I will not be personally reimbursed for these same expenses from any other source.

Printed Name	Signature	Date

* Claimant

* Expense Approved by Department Chair(1), Director(2), Dean(3) or Other Authorized Signatory(4)

Authorized signature required, please follow preferred order.

DD/MM/YYYY

*** Required Field**

Please retain a copy of this claim for your records.

Reimbursement to staff will be received via direct deposit. You will receive an email from corporate.e-commerce@rbc.com

This claim must be supported by original receipts.

Accounting Office Use Only	
Account :	Supplier:
Class:	Invoice Amt :
Invoice Date:	PST:
Invoice Number:	GST:
PO Number:	GST Code:
Note:	