

PROFESSIONAL EXPENSE REIMBURSEMENT (SENIOR SCHOLARS ONLY)

Instructions: If completing by hand, please print.

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 Attn: Paula Perri, Mgr. Gen. Acctg., Finance, 4700 Keele.

Notes:

- Claim must comply with <u>Procedure on Reimbursement of Expenses</u> and <u>PER Guidelines for Senior Scholars</u>. For useful info, see <u>Expense</u> <u>Claim Review Checklist and FAQ</u>.

- Payroll Services processes all remuneration including honorariums, stipends, prizes, etc. SFS processes awards, bursaries, etc. Do not use this form for these payments.

- 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 Depos | sit Click here for Er | mployee Direct Deposit Banking Application |
| Contact Details | Phone | | Email (mand | atory) | |
| Claimant's Mailing Address | Internal campus address or Externa | al address Province/State | | Postal code/Zip | Country |
| | | | | | |

| Purpose of Expenses (please attach | | |
|--|----------------|-------|
| agenda for conference-related travel) | | |
| Travel Details | Destination(s) | Dates |
| Explain basis on which you can be seen | | |
| as representing York University | | |

Please note: If you are submitting a claim for conference-related expenses or fees for membership in an academic association or society, you must identify the course(s) you are teaching, students you are currently supervising and/or the specific research project(s) in which you are engaged for which you can be seen as representing York University.

If there is insufficient space to itemize your receipts, please use the Receipt Itemization and Rebate Calculator tool.

| Ехр | Explanation A | | Automobile | | Expenditures | | | | | |
|------|---------------|-----------|--------------|------------------|--------------|---------|-------|-------------|---------|-------|
| Date | Description | # of KM's | Amount @ 45¢ | Air, Bus or Rail | Taxis | Lodging | Meals | Hospitality | Other | Total |
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| | | | | | | | | I otal E | xpenses | |

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 | | | |
|---------------------|-------------------|---|--------------------|-------------------------------|-------------------|------------|------------|---------------|------------|
| Use Only | | | | | | CAD | USE | Other | |
| | Chart | field(s) to be Cha | arged | Optional | | | | | - |
| | Account | Fund | Cost Centre | Activity Time | | Location | | Amount | |
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| | For detailed inst | ructions on the H | IST/GST rebate, se | ee calculator at <u>http:</u> | //www.yorku.ca/fi | nance/doo | cuments/re | bate calc.xls | |
| | 001623 | 200 | 233009 | GST rebatable expe | nses \$ | | x 0.0258 | | С |
| Checked by | 001680 | 200 | 233009 | HST rebatable expe | nses \$ | | x 0.078 | | D |
| | | | | | т | otal Exp | penses | | Α |
| Date | 004 01 | Less Accountable Advance | | | | | | 7 | |
| | Due Claimant (if | if positive) Refund York (if negative); please attach cheque Net Amount | | | | | | | |

Accounts Payable Date Stamp

This section must accompany your expense claim or it will be returned

Claimant: I hereby certify I have incurred these expenditures, that they are in compliance with all university polices and they have not been reimbursed by a third party. I will acknowledge the university in the dissemination of results from my scholarly activities.

Claimant's Signature

Date

Date

Approval must be obtained from the Manager of

Research Accounting or the Manager of Accounts

Claimant should forward the completed claim to the

Signature

Claimant's Name (print)

Title & Unit

Phone

Payable.

attention of:

Prepared by (print)

| 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. |

Travel Claims:

| Purpose of travel is clearly documented in sentence form |
|--|
|--|

Eligibility of Claimed Expenditures:

- □ Eligibility of expenses has been checked against Senior Scholar PER guideline.
- Required information (i.e. identification of teaching or supervisory activities and/or research activities in which the applicant is engaged) is provided for claims for conference-related expenses and/or fees for membership in academic associations and societies.
- □ Claim has been reviewed for reasonability of amounts being expensed. Any expenses that are atypical or could be construed as excessive must have a complete explanation justifying the eligibility.

| York University Attn: Paula Perri, Manager General Accounting | Approver's Name (print) | Approver's Signature | |
|--|-------------------------|----------------------|--|
| Finance Department 4700 Keele Street, Toronto, ON M3J 1P3 | Title & Unit | Date | |

Briefly explain how the expenses being claimed directly relate to your scholarly or research activities at York University.