

Business Expense Reimbursement Claim

How to complete this form

This form is to claim reimbursement for business expenses paid while conducting UVic business and for petty cash replenishments.

Responsibility for complete, accurate, compliant and properly authorized claims rests with account holders and preparers.

Accounting Services Use Only

Banner Inv #

Banner Doc #

Date Received in Accounts Payable

Payee Information

UVic ID#:

Details or Purpose of Payment:

Pay to: (Last Name, First, Initials)

Employee: Student: Other: (Specify)

Mailing Address: (No PO Boxes allowed if wire payment is required)

City:

Prov:

P/Code:

Country:

Is this an authorized Petty Cash Account replenishment? YES NO

Payment will be mailed to the payee address provided or direct deposited if default (except petty cash). If special handling is required explain below:

Not enough room? [Attach supplementary form.](#)

Accounting Services Use Only

Details of Receipts

Missing receipts? [Attach declaration](#)

#	Date (dd-mmm-yy)	Description/Supplier	Paid	Foreign Exch	Amount	Base	GST	Exempt
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Expense Allocation (please group expenses by coding)

Total Reimbursement (A)

#	Fund (5)	Org (5)	Acct (4)	Actv (6)	Locn (6)	Total reimbursement and total allocated must be equal
1						
2						
3						
4						

Who to contact about this claim:

Total Allocated (B)

Contact Name	Phone	Email	Dept	(A)-(B) must equal 0.00

Is currency conversion required? If "yes" specify:

Currencies other than CAD/USD will be paid by wire, attach [Wire Transfer Information Form](#)

Claimant's Signature [or attach declaration](#)

Date (dd-mmm-yy)

Account Holder's Signature (Delegate)

Printed Name

Claimant's One over One Approver Signature

Approver's V#

Printed Name

Title

I attest that the expenses claimed are original and legitimate; incurred on authorized UVic business and have been reduced by any discount, rebate or claim made against other sources.

I authorize these expenses to be charged to the account(s) noted and that sufficient budget exists.
If the claimant is also the account holder, only sign once.

I certify that I have reviewed this claim and find it to be reasonable and in compliance to UVic and/or Granting Agency policy.
If higher authorization is required due to policy, please forward on.