

**SECTION ONE: Payee and Accounting Details**

Name and Address of Payee (please print):

Name (limit 35 characters)	
Address (limit 28 characters)	
City/Province (limit 20 characters)	Postal Code

Shaded Areas for Accounts Payable Use

Date Prepared

MO	DY	YR

Batch Number

	Accounts to be Charged	AMOUNT	D/C	Advance #	F/P
From Box B			D		
			D		
			D		
			D		
From Box C	0 11212 2127		D		
From Box D	0 11212 2195		D		
Subtotal B + C + D					
Deduct University Prepaid Expenses					
From Box A	0 10230 1330		C		
	0 10230 1330		C		
	0 10230 1330		C		
- Subtotal A					
If Negative (-) result			D	Amount Owing to McMaster. Select repayment option.*	
If Positive (+) result	0 00000 5000		C	Amount Payable to Claimant. Select payment option below.	

Currency (check one)

Canadian \$ 1

US \$ 9

Other (please specify)

Vendor Code

**\*Repayment Options:** If there is an amount owing to McMaster please select one of the following options:

Attach a personal cheque, payable to McMaster University

Deduct amount owing through payroll deduction

Payment Options: Please select one:

McMaster Cheque      Cheque Stub Description: limit 24 characters

Direct Bank Deposit      McMaster Employee ID: limit 7 characters

Mailing Instructions:

Mail Cheque directly to payee

Addressed envelope attached

Accounts Payable Approval

**SECTION TWO: Declaration and Authorizations**

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Department Contact/Preparer      Telephone      Department      Address

Declaration by Claimant: I have read the University's published regulations on reimbursement of expenses and confirm that I am in compliance.

Signature of Claimant	Printed Name	Title
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Research Office Approval

Signature of Approving Officer	Printed Name	Title
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Date:



Please STAPLE original receipts here, facing upwards, in the order listed below.

**SECTION THREE: Expense Details**

**Dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Location(s):** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

(If Research please specify name of and relevance to research project/grant.)

Please refer to the Travel Policy and current per diem allowances. <a href="http://www.mcmaster.ca/bms/policy/accounts_payable/ap010.html">http://www.mcmaster.ca/bms/policy/accounts_payable/ap010.html</a>		University Pre-paid Expenses	TOTAL EXPENSES INCLUDING PRE-PAID EXPENSES				
Expense Type	Receipt Requirement Please attach original receipts.	Cdn \$ Equivalent	Foreign Amount	Exchange Rate	Cdn \$ Equivalent less Personal	GST* Charged	HST* Charged
<b>Airfare</b>	Agency invoice and boarding passes						
<b>Bus</b>	Passenger Ticket Stub						
<b>Railway</b>	Passenger Ticket Stub						
<b>Auto Allowance</b>	_____ kms x .40 /km						
<b>Taxi</b>	Taxi Receipt						
<b>Parking</b>	Parking Receipt						
<b>Vehicle Rental</b>	Customer's copy of the rental charges and gas receipts						

<b>Accommodation</b>	Detailed Statement						
<b>Meals with Receipt</b>	Itemized receipts. If Business Entertainment, attach list of attendees						
<b>Meals per diem</b>	_____ days x \$48 /day= _____						
<b>and/or</b>	_____ B _____ L _____ D						

<b>Conference Registration</b>	Registration Form plus original Receipt/Proof of Payment						
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<b>Miscellaneous</b> (please provide details)	Original Receipts						

Total Prepaid **A** →

Total Expenses →

Less **C** (GST Rebate) x 67% x 73.77%

Less **D** (HST Rebate)

Box **B** → **C** **D**

<b>Missing Receipts?</b>	<i>Please provide details</i>
Reason:	_____
Type of Expense:	_____
Paid to:	_____
Date of Expense:	Amount: _____
Type of Expense:	_____
Paid to:	_____
Date of Expense:	Amount: _____

\*Tax Rebates on Auto and Meal Allowances:

GST: Total Expense Amount x 5/105

HST: Total Expense Amount x 13/113