

Ontario College of Art & Design

Expense Reimbursement Form

Please retain a copy of completed form for your records

Claimant's Name: _____

Claimant's Signature: _____

Date: _____

I hereby certify that I have incurred these expenditures, that they are in compliance with the University Reimbursement Policy and they have not been reimbursed by a third party.

Cheque for pick-up

Cheque for mail

Address: _____

Phone/ext: _____

Type of claimant:

Employee

External

Actual Expenses original receipts must be enclosed for expenses unless per diem allowances are being claimed

	Date of Purchase	Description	Automobile		Account Number to charge	Total Transaction Amount (incl. GST)	GST
			\$0.36/km	Amount			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Total due to claimant							

Program/Departmental Approval

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's Signature: _____

Date: _____

I hereby certify that I reviewed the expenditures, confirmed that they are in compliance with the University Reimbursement Policy and that sufficient funds are available to cover the expenditures.

- 1 Purchase orders must be used for all items costing \$500 or more. Items costing more than \$500 may be obtained without a purchase order only under emergency or unusual circumstances. After-the-fact claims for such emergency purchases must include a detailed explanation as to why the normal purchase order process was not used, and must be approved by both the claimant's supervisor and by the Director of Finance.
- 2 All expense claims must include the original, itemized sales receipt - not credit card slip. The only exception is for restaurant receipts, where the credit card slip is often the only receipt.
- 3 All claims must contain brief explanations, either on the receipt itself or in the space provided.
- 4 Use of a personal vehicle is reimbursed at \$0.36/km or 0.58/mile.
- 5 For travel on OCAD behalf, meals will be reimbursed on the basis of receipts submitted, or at \$35/day without receipts.
- 6 **Incomplete forms will not be processed.**