

Business Expense Reimbursement Claim

* Adobe Reader version XI is required for optimal use of this form

[*Click here for claim instructions*](#)

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)														
				Is this an authorized Petty Cash account replenishment? YES NO										
City:		Prov:		Payment will be mailed to the payee address provided or direct deposited if default (except petty cash). If special handling is required explain below:										
P/Code:		Country:												
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)									
1						Total reimbursement and total allocated must be equal								
2														
3														
4														
Who to contact about this claim:						Total Allocated (B)								
						(A)-(B) must equal 0.00								
Contact Name		Phone	Email	Dept										
						Is currency conversion required? If "yes" specify:								
						Currencies other than CAD/USD will be paid by wire, attach International Payment 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.				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 claimant is also the account holder, only sign once.				If higher authorization is required due to policy, forward on.				