					SETTLEMENT (Revised Oc	· ·								NFORMAT		
	1	To be con	nplete	d by Claim	ant	1			1 1	1	TO BE COM	1PLE	TED BY BUS	INESS OFFIC	ER	
	5			Niete:				Purpo						Business Area	<u>a:</u>	
Personnel Number	Period of			Note:					rpose code							
	Travel		1.		st reimbursement in other than	4			/ slot in	0						
ast Name		Initial			funds, indicate currency and d	lo not	account number.		0	EMPLOYEE FIELD TRIP		Company Code:				
				convert e	xpenses to Canadian funds.			If purpose is other		1	EMPLOYEE CONFERENCE					
Address					Canadian Funds		than those listed		2	STUDENT FIELD TRIP						
					U.S. Funds		below, please		3	STUDENT CONFERENCE		Document Number:				
					Other				applicable	4	VISITOR					
ocation and Description			2.	Original re	eceipts are required.		account number.						1			
								0511		).ED	200	T 0.T	D 400T0	F. I.V.	DO 1441405	
							GENERAL LEDGER			iEK -	COST CTR ACCTG		FUNDS MANAGEMENT			
				1			ACCOUNT		T437	COST		INTERNAL			COMMITME	
				FY	PENSE CATEGORIES	AMOUNT			MBER	TAX _	CTR	or	ORDER	FUND	C/F CTR	ITEM
				AIRFARE:	Travel within Canada	7	8		0 1 0	ER	0110	3,	ONDER	1 0110	5/1 0110	11 - 111
Department Contact			_	AIN ARE.	Travel to USA from Ontario		8		0 1 0	EE		+H			+	+
					All other Airfare		8		0 1 0	E0					+	+
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have read the University	'a regulation	an raimhuraamanta	_	RAIL/BUS:	Travel within Canada Travel outside Canada		8		0 5 0	E0		+			+	+
of expenses and confirm				CAR RENTA			8		0 6 0	ER		+			+	+
or expenses and commissignature of Claimant:	liiat i aiii iii c	оприансе.		CARTICINIA	In Other Provinces		8		0 6 0	EE					+	+
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inancial Services (																
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					TOTAL EXPENSES											1
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					REIMBURSEMENT REQUIRED									I I		
					OR REPAYMENT	\$ -										