



Research Employee Expense Reimbursement Form

Account #	Account Holder:	Date:
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Payable To:	Employee ID #:
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For the following claims, please see Appendix A in policies 011-RSJ-H (Allowable and Non-allowable Business Expenses) and 012-RSH-H (Travel and Expense) for appropriate proofs needed for expense verification and to help expedite the reimbursement process. Combine this form with your receipts and any supporting documentation and save as one pdf document and submit to: researchfinance@stjoes.ca.

Date	Description of Reimbursement	Vendor	Amount	Currency	Sub-Account	Receipt Attached?
TOTAL						

If this reimbursement is associated with attendance at a conference or other event, please indicate:

Name of Event:	Location:	Dates Attended:
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Approval by Research Administration is REQUIRED when reimbursements are made payable to the account holder. As the approver of these reimbursements, I have verified that all claims are eligible as per RSH-H expense policies.

Name of Account Holder (please print)	Account Holder Signature:	Extension:
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RSJH Approval Signature:	Date:
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