**PERSONAL REIMBURSEMENT REQUEST - NON TRAVEL**

**REF. NO.**

*WEB ADDRESS* *http://educ.ubc.ca/service_support/accounting/*

**Date** 3

1. person who filled out form - contact
2. contact phone number
3. date form was filled out

**Submitted by** 1
**Phone #** 2

**MAKE CHEQUE PAYABLE IN**

**CANADIAN $** 5
**US $** 5
**OTHER** 5

5. cheque currency

**NAME** 4
**ADDRESS** 4
**CITY** 4
**PROVINCE/STATE** 4 **COUNTRY** 4
**POSTAL CODE** 4

4. Vendor address information mailing address of cheque

**EMPLOYEE ID** 6
**STUDENT #** 6
**SIN #** 6
**GST#** 6

6. individual ID information

**DESCRIPTION OF EXPENSES - as much detail as possible**

7
7
7
7
7
7
7
7

7. full description and purpose of goods and/or services purchased

**INVOICE #** 8
**INVOICE DATE** 9

**CURRENCY OF RECEIPTS** 10
**EXCHANGE RATE USED** 11

8. Vendor invoice # - in full
9. Invoice date
10. actual currency of the receipts
11. exchange rate used to convert to requested cheque currency

12 ***CONFIRMED GOODS/SERVICES HAVE BEEN RECEIVED IN FULL AND IN GOOD ORDER***

12. name of person who confirmed that goods/services received in full & good order

**BREAKDOWN OF EXPENSES** 13

13. please breakdown expenses - if there are not enough lines - attach a spreadsheet

| Amount | GST | PST | SPEEDCHART | ACCOUNT | P/G# |
|---|---|---|---|---|---|
| 14 | 15 | 16 | 17 | 18 | 19 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| *NOTE: IF MORE LINES REQUIRED - PLEASE ATTACH A SPREADSHEET* | | | | | |

14. $ amount of expense (same types of expense with same taxes can be put together)
15. GST $
16. PST yes or no
17. Speedchart of PG being charged
18. appropriate account code (contact Education Accounting if unsure)
19. PG being charged (must match speedchart) - Accounting Office will verify

ORIGINAL RECEIPTS ***MUST*** BE ATTACHED TO REQUEST 20

20. Only original receipts can be accepted - photocopies are not acceptable contact Accounting Office if you are unsure.

*NOTE: SHADED AREAS FOR ACCOUNTING DEPARTMENT ONLY*

**Handling Code**

| | |
|---|---|
| M | Mail-Cpost |
| C | Campus Mail |
| P | Pick Up |
| | Separate Cheque |

| *DATA ENTRY ONLY* | |
|---|---|
| VENDOR ID | |
| VOUCHER # | |
| GROUP # | |
| ENTERED BY | |
| DATE | |

**AUTHORIZING SIGNATURES**

REQUEST ***MUST*** HAVE ORIGINAL SIGNATURES 21

21. Original signatures must be used - stamps are not acceptable

| | | |
|---|---|---|
| 22 | | |
| P/G HOLDER | PRINT NAME | DATE |
| 23 | | |
| DEPARTMENT AUTHORIZATION | PRINT NAME | DATE |
| 24 | | |
| DEAN'S OFFICE AUTHORIZATION | PRINT NAME | DATE |

22. Signature of P/G Holder
23. Department authorization is required
24. Final authorization from Dean's Office