



Employee Reimbursement Requisition Form

PAYABLE TO: _____

EMPLOYEE I.D. _____

PAYEE PERMANENT ADDRESS:

Street _____

Apt. _____

City _____

Postal Code _____

PAYMENT AMOUNT: _____ CAD only

Co	Accounting Unit	Account	SubA/C	Activity	Amount	HST/GST	Total
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SMH NORMAL PAYMENT TERMS: 10 Business days

TOTAL _____

REASON FOR REQUEST: _____

AUTHORIZATION:

Name Print Position Signature Date

INTERNAL CONTACT INFORMATION: _____
Department Extension

- Please attach ORIGINAL supporting documents (invoices, receipts, boarding passes for flight reimbursement etc.)
- Ensure requisition form is completed with proper authorization and account codes or it will be returned to the requisitioner
- Retain copy for reference
- Send completed requisition to : **Office of Research Administration** - 250 Yonge st, 6th Floor, Room 653
- SMH Staff are encouraged to submit expense claim electronically via <http://erms/>. Refer to ERMS user guide for details