St. Michael's

Inspired Care.
Inspiring Science.

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Employee Reimbursement Requisition Form

PAYABLE TO: _____   **EMPLOYEE I.D.** _____

PAYEE PERMANENT ADDRESS:

_____
Street

_____
City

_____
Apt.

_____
Postal Code

PAYMENT AMOUNT: _____ CAD only

Co	Accounting Unit	Account	SubA/C	Activity		Amount	HST/GST	Total
					–			
					–			
					–			
					–			
					–			
					–			
					–			
					–			

TOTAL _____

SMH NORMAL PAYMENT TERMS: **10 Business days**

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 : **ACCOUNTS PAYABLE DEPARTMENT** - 2 Queen St. E, 9th Floor, Room 906
- SMH Staff are encouraged to submit expense claim electronically via http://erms/. Refer to ERMS user guide for details

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