

EMPLOYEE NON-TRAVEL EXPENSE CLAIM- ELIGIBILITY COMPLIANCE CHECKLIST

INSTRUCTIONS: Please, revise the claim and place “X” on the boxes for each item, if complete. Ensure all boxes are filled. If a field does not apply, please write “N/A” in the corresponding box. If there is an issue with compliance, enter “C” and provide a description below. As applicable, identify missing (“M”) or incomplete information (“I”).

NON-TRAVEL EXPENSES ONLY. TRAVEL EXPENSES USE SEPARATE FORM	
FIELDS IN FORM	ELIGIBILITY OF EXPENSES according to award guidelines
Funding source top right corner	Are the receipts acceptable and in order?
Claimant’s Name	Are the receipts for services?
Employee number (if employee)	Are all receipts under the claimant name? otherwise, signed letter from payee needed
Non-employee information (name, address)	Are all expenses in CAD? Otherwise, proof of exchange rate required
Account number	Form must not be used to claim travel expenses
Dates of all expenses listed and match receipts	If travel expenses are included (transportation, per diem, accommodations), submit Travel Expense Claim Form at the same time
Are there receipts for all expenses listed?	Claimant is the award holder. If not, award holder needs to sign as “BCO or One over One Approval”
Information on suppliers is complete	All claimed expenses include taxes and fees
Are delivery and customs fees included?	Total amount is printed, correct and within award limit
Description of expenses	Letter of award included
Purpose of expense	Signature from claimant
Expenses specific to the funded research (should be Y)	Signature by grant holder
Description of how the expense is related to the research	Decision on claim. R = Reject due to ineligibility. I =Information needed. C =Corrections needed (return to claimant). A =Approve for compliance.