CONCORDIA UNIVERSITY OF EDMONTON

| Office of Research Services

EMPLOYEE NON-TRAVEL EXPENSE CLAIM- COMPLIANCE REVIEW CHECKLIST

INSTRUCTIONS: Please, revise the claim and place a checkmark (√) in the boxes for each item, if completed. 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

Claimant name	Grant holder name	Grant number

FIELDS IN FORM		ELIGIBILITY OF EXPENSES	
Funding source (top right)		Are the receipts acceptable and in order?	
Claimant's Name		Are the receipts for services?	
Employee number; if Non-employee, use Non-Employee form		Are all receipts under the claimant name? otherwise, signed letter from payee needed	
If travel expenses occurred (transportation, per diem, accommodations), submit separate Travel Expense Claim Form at the same time		Are all expenses in CAD? Otherwise, proof of exchange rate required (credit card statement or Bank of Canada rate for dates)	
Account number (60-XXXX-XXXX)		Form is not for travel expenses	
Dates of all expenses listed and match receipts		Claimant is the award holder. If not, award holder needs to sign as "BCO or One over One Approval". If Claimant is BCO, it needs one-over-one approval	
Are there receipts for all expenses listed?			
Information on vendors is complete		All claimed expenses include taxes and fees	
Are delivery and customs fees included?		Total amount is printed, correct and within award limit – if in doubt, attach message for Finance to confirm funds	
Description of expenses		Letter of award included	
Purpose of expense		Signature from claimant	
Expenses specific to the funded research (should be "yes")		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.	