



Cornell University
Payment and Tax Services

Travel Reimbursement Request

Date _____

Payee's Last Name _____ Payee's First Name _____ Unit Name _____

Relationship to Cornell (check one please) Cornell Employee Cornell Student Other _____ Please describe _____ Campus Address _____

Home Address _____ City/Town _____ State/Province _____ Country _____ Zip/Postal Code _____

Business Purpose of Trip/Expenditure (required)
Attend the arXiv Scientific Advisory Board (9/16/2013) and/or arXiv Member Advisory Board meetings (9/17/2013)

LEFT FROM _____ **ON** _____ **TO** _____ **HOME ON** _____
 (Location) (Date) (Location) (Date)

Lodging	(Room costs only, enter meals, incidentals and miscellaneous below)		TOTALS	
Meals	(Check one - method selected must apply to entire trip) <input type="checkbox"/> Per Diem Method OR <input type="checkbox"/> Receipt Method	\$ -		
	Alcohol/Bar Costs (Business Meals & Receipt Method only)			
	Hosted Business Meals (Provide details on next page)			
Meals total				\$ -
Transportation				
Airfare (including travel agent/booking service fees)		\$ -		
Auto Rental & Gas				
Tolls & Parking				
Train, Bus, Taxi, Limo				
Personal Auto _____ Miles @ \$ - IRS rate				
Transportation total				
Miscellaneous (please explain) _____				
	TOTAL EXPENSES			

You must be currently enrolled in AP Direct Deposit to select this payment method for this reimbursement.
[Sign up for AP Direct Deposit for future reimbursements.](#)

Less advances*	_____	<input type="checkbox"/> Direct Deposit
Amount Due Payee	_____	<input type="checkbox"/> Campus Mail (addr. above)
Amount Due Cornell	_____	<input type="checkbox"/> US Mail to home
*Advance Acct. #	_____	<input type="checkbox"/> Day Hall Pickup (name/ext)
- A	-1310	

NOTE: You may NOT code expenses to Endowed and Contract College accounts on the same voucher.

Bps	Account Number	Object	Project	DUO	Amount	Code	1099 Amount
	L68 - 3714						
	-						
	-						
	-						
Total (must equal Total Expenses above)					\$ -		

Payee Certification & Approvals

I certify that these charges are accurate and that I am not claiming reimbursement from another source.

 Payee Signature Date Prepared by: E-mail Ext

 Signature Authority Approval Date Enter/Print Name E-mail Ext