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 (10/6/2014) and/or the arXiv Member Advisory Board meetings (10/7/2014)

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

TOTALS

Lodging (Room costs only, enter meals, incidentals and miscellaneous below)

Meals (Check one - method selected must apply to entire trip)
☐ Per Diem Method OR ☐ Receipt Method $ -   If using per diem, deduct 20% B, 20% L, 60% D for hosted business meals or meals otherwise provided

Alcohol/Bar Costs (Business Meals & Receipt Method only)   Use Federal Unallowable Object Code

Hosted Business Meals (Provide details on next page)   **ITEMIZED** Receipts Required

Meals total $ -

Transportation
Airfare (including travel agent/booking service fees) $ -
Auto Rental & Gas
Tolls & Parking
Train, Bus, Taxi, Limo
Personal Auto _____ Miles @ $ - IRS rate   **For IRS mileage rates, see:** www.dfa.cornell.edu/payments/

Transportation total

Miscellaneous (please explain) _____

TOTAL EXPENSES

You must be currently enrolled in AP Direct Deposit to select this payment method for this reimbusement.

Sign up for AP Direct Deposit for future reimbursements.

Less advances*	
Amount Due Payee	
Amount Due Cornell	
***Advance Acct. #** - A -1310	

☐ **Direct Deposit**
☐ **Campus Mail (addr. above)**
☐ **US Mail to home**
☐ **Day Hall Pickup (name/ext)**

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

Bps	Account Number	Object	Project	DUO	Amount	1099 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