



Cornell University Payment and Tax Services

Travel Reimbursement Request

Date

Payee's Last Name Payee's First Name Unit Name **CU Library Administration**

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 Meeting (09/12/2016) and/or the arXiv Member Advisory Board Meeting (09/13/2016), Ithaca, NY

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

Lodging	(Room costs only, enter meals, incidentals and miscellaneous below)	TOTALS	<input type="text"/>
Meals	(Check one - method selected must apply to entire trip) <input type="checkbox"/> Per Diem Method OR <input type="checkbox"/> 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)	<input type="text"/>	Use Federal Unallowable Object Code
	Hosted Business Meals (Provide details on next page)	<input type="text"/>	ITEMIZED Receipts Required
Meals total		\$ -	<input type="text"/>
Transportation			
Airfare (including travel agent/booking service fees)		\$ -	
Auto Rental & Gas		<input type="text"/>	
Tolls & Parking		<input type="text"/>	
Train, Bus, Taxi, Limo		<input type="text"/>	
Personal Auto <input type="checkbox"/>	Miles @ \$ 0.540 IRS rate	<input type="text"/>	For IRS mileage rates, see: www.dfa.cornell.edu/payments/
Transportation total		<input type="text"/>	
Miscellaneous (please explain)	<input type="text"/>	<input type="text"/>	
TOTAL EXPENSES		<input type="text"/>	

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	1099	
							Code	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 _____