### Cornell University Payment and Tax Services

**Travel Reimbursement Request**

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee’s Last Name</th>
<th>Payee’s First Name</th>
<th>Unit Name</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<td>CU Library Administration</td>
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</tbody>
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#### Relationship to Cornell (check one please)
- Cornell Employee
- Cornell Student
- Other

#### Additional Information
- **Please describe Campus Address**
- **Home Address**
  - **City/Town**
  - **State/Province**
  - **Country**
  - **Zip/Postal Code**

#### Business Purpose of Trip/Expenditure (required)
- Attend the arXiv Member Advisory Board Meeting (10/05/2017) and/or the arXiv Scientific Advisory Board Meeting (10/06/2017), New York, NY

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

#### Lodging (Room costs only, enter meals, incidentals and miscellaneous below)
- **(Check one - method selected must apply to entire trip)**
- **Per Diem Method**
- **Receipt Method**

#### Meals
- **Per Diem Method OR 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
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<tr>
<td><strong>Less advances</strong></td>
<td></td>
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<tr>
<td><strong>Direct Deposit</strong></td>
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<tr>
<td><strong>Amount Due Payee</strong></td>
<td></td>
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<tr>
<td><strong>Amount Due Cornell</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Advance Acct. #</strong></td>
<td>-</td>
</tr>
<tr>
<td><strong>Day Hall Pickup</strong></td>
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#### Payee Certification & Approvals

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

<table>
<thead>
<tr>
<th>Payee Signature</th>
<th>Date</th>
<th>Prepared by:</th>
<th>E-mail</th>
<th>Ext</th>
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<table>
<thead>
<tr>
<th>Signature Authority Approval</th>
<th>Date</th>
<th>Enter/Print Name</th>
<th>E-mail</th>
<th>Ext</th>
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