



**Cornell University**  
Office of the Assemblies

109 Day Hall  
Ithaca, NY 14853  
p. 607.255.3715  
f. 607.255.2182  
e. [assembly@cornell.edu](mailto:assembly@cornell.edu)  
w. <http://assembly.cornell.edu/>

**Campus Assemblies Reimbursement Request**

This is a fillable PDF. Complete entries before printing on each use. For a list of subaccounts applicable to your assembly see: <http://assembly.cornell.edu/Main/PaymentForms>. Attach receipts in the order they are listed below.

**Section 1 – Organization completes this section and submits to address provided above**

Assembly

Date	Vendor	Category/Subaccount	Receipt Total	Amount to Reimburse
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Business purpose				TOTAL
<input type="text"/>				\$

**Reimburse an Individual**

**Reimburse University Department(s)**

Payee Name

Payee Phone

Payee Email

Mailing Address

Account	SubAccount	Object	Subobject	
				\$
				\$
				\$
				\$
				\$

Last date to receive mail at address

We, the undersigned, submit the attached original receipts for expenditures and certify that they: comply with the budget allotment granted to our organization by the University, are on behalf of the organization that we represent, are accurately presented, and have not been submitted previously to the University or any other organization for reimbursement.

Recipient (if individual)  Netid  Signature \_\_\_\_\_

Financial Officer \_\_\_\_\_ Netid \_\_\_\_\_ Signature \_\_\_\_\_

**Section 2 – University completes this section – ALLOW THREE BUSINESS WEEKS FOR PROCESSING**

If the accounting distribution is included in an attached sheet, write "ATTACHED".

Account-Subaccount \_\_\_\_\_ Requester \_\_\_\_\_