



Employee Reimbursement/ Corporate Card Payment Form

Harvard University
University Financial Services
1033 Massachusetts Ave., 2nd Floor
Cambridge, MA 02138

Note: Receipts must be received by RCS within 90 days from the DATE OF THE EXPENSE

Harvard ID#:* Name:* WR #:*

Payment Type (Check all that apply) ☐ Out of Pocket ☐ Corporate Card

	Dates of Expense(s)	Business Purpose: Provide detailed reasons and date ranges for expenditure(s). Travel and entertainment expenses require the person(s) and/or organization and location. ALL expenses must be itemized.
#1		
#2		
#3		
#4		

Summary of Expenses - You may attach a Corporate Card statement in lieu of completing the description section. Cross-reference business purpose to each item on the statement by writing the business purpose # next to the itemized lines.

	Description (date, details, etc)	Air/Rail Travel	Ground Trans	Lodging	Business Meals	Other	Total
#1							
#2							
#3							
#4							
Sub Total Expense from Page 2							
Expense Report Total							

Total amount under \$75 itemized in Expense Report Total

I certify these are valid business expenses

Reimbursee/Card Holder Signature:*

Prepared by (Print):* Phone #

I have reviewed these expenses and they are in accordance with University and TUB policy

Approved By (Print):* Phone #

*** Required Field**



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Name:*

WR #:*

	Dates of Expense(s)	Additional Business Purpose: Provide detailed reasons and date ranges for expenditure. Travel and entertainment expenses require the person(s) and/or organization and location. ALL expenses must be itemized.
#5		
#6		
#7		
#8		

Additional Expenses - You may attach a Corporate Card statement in lieu of completing the description section. Cross-reference business purpose to each item on the statement by writing the business purpose # next to the itemized lines.

	Description (date, details, etc)	Air/Rail Travel	Ground Trans	Lodging	Business Meals	Other	Total
#5							
#6							
#7							
#8							
Sub-Total Expense to Page 1							

Line Distribution

Purpose#	Amount	Tub	Org	Object	Fund	Activity	Sub	Root

* Required Field

HINTS AND POLICY NOTES:

* Please refer to www.travel.harvard.edu for complete policy.

*This completed form and required documentation must be returned to the local unit for processing.

*Receipt report must be included with this form.