# Cornell University

# **Division of Financial Affairs**

### **Travel Reimbursement Form**

For Non-Employees, Students, or Other Payees

Cornell employees must use Concur to submit travel expense reports. Only submit this form for non-employees, students, or other payees. Any non-employee may sign up to receive reimbursements by <u>direct deposit</u>. **Return this completed form to your business service center.** 

| <b>Part I: Payee Information</b>  |  |   |  |
|---|--|---|--|
| Name  |  | Email   |  |
| Home Address  |  |   |  |
| City  | St   | ate   | Province   |
| Country   |  | Zip/Postal Code   |  |
| Campus Address  |  |   |  |
| Relationship to Cornell O Non-  | Employee C Student                             | Other (Please explain)  |  |
| Part II: Trip Information   |  |   |  |
| Business Purpose of Trip/Expe   | nditure  |   | 1  |
|   |  |   |  |
| Departure Date  | Departed From                                  | Goil  | ng To  |
| Return Date   | Returned From                                  | Ret   | urned To   |
| Part III: Expense Information   | tion   |   |  |
| Itemized receipts are required fo<br>travel less than 12 hours, meals for |  |   | sted meals, meals and expenses on single-day uses over \$75. |
| Lodging   | Lodging and associate<br>Enter meals, parking, | ed taxes/fees only.<br>etc., separately below.                      | Total Lodging  |
| Meals   | Method   Receip                                | ots O Per Diem GSA Per Diem   | Rates  |
| Alcohol   | _  |   |  |
| Group/Business/Hosted Meals_  |  | Provide attendee information and business purpose for each meal, or | a on page 3. Total Meals                                     |
| Airfare   | Include travel agent/bo                        | ooking service fees.  |  |
| Car Rental/Gas  | _  |   |  |
| Tolls/Parking   | _  |   |  |
| Other Transportation  | Train, bus, taxi, etc.  Receipts required for  | round trips over \$75.  |  |
| Personal Mileage  | X IRS Rate                                     | = Total Mileage   | Total Transportation   |
|   | IRS Standard Mileage F                         | Rates   |  |

| Part III: Expense Informat  |                         |                          |  |      |  |  |  |  |  |  |  |
|---|-------------------------|--------------------------|--|------|--|--|--|--|--|--|--|
| Other (Explain)   |                         |                          |  |      |  |  |  |  |  |  |  |
| Total Expenses  | 1                       |                          |  |      |  |  |  |  |  |  |  |
| Total Advances  | This amount is subtr    | acted from total expense | es. Advances Account#  | 1400 |  |  |  |  |  |  |  |
| Amount Due Payee  |                         | ·                        |  |      |  |  |  |  |  |  |  |
|   |                         |                          |  |      |  |  |  |  |  |  |  |
| Amount Due Cornell  |                         |                          |  |      |  |  |  |  |  |  |  |
| Part IV: Payment Informat   | ion                     |                          |  |      |  |  |  |  |  |  |  |
| How will this payment be disburs  Direct Deposit*  Campus mail to address above  U.S. Mail to home address above                        |                         |                          | by direct deposit, you must enroll in ou aren't sure whether you've alread center. |      |  |  |  |  |  |  |  |
| Part V: Account Distributi  | on                      |                          |  |      |  |  |  |  |  |  |  |
| Enter the account distribution for each account. The total must equal the amount in the Total Expenses in section III above.    Account |                         |                          |  |      |  |  |  |  |  |  |  |
| Part VI: Payee Certificatio   | n and Approval          | s                        |  |      |  |  |  |  |  |  |  |
| I certify that these charges are accurate Payee Signature   | irate and that I am not | claiming reimbursemen    | t from another source.   | Date |  |  |  |  |  |  |  |
| Authorized Payment Approver   |                         |                          |  | Date |  |  |  |  |  |  |  |
| Prepared By   |                         | Email                    | Pho  | ne   |  |  |  |  |  |  |  |

# **Supplemental: Business Meal Details** The total amount of all meals must match the total in Group/Business/Hosted Meals on page 1. **Guest Name Guest Affiliation Meal Location Business Purpose Date** Amount **Total Business Meals** Other Additional Explanations and Notes

| S | upp | lement | al: | Exp | ense ' | W | or | KS | hee | ľ |
|---|-----|--------|-----|-----|--------|---|----|----|-----|---|
| _ |     |        |     |     |        |   |    |    |     |   |

Use this table to document the daily per diem rate for each location. The per diem for the first and last days of travel is limited to 75% of the daily rate.

| Date | Travel From Location | Travel To Location | Per Diem Daily Rate |
|------|----------------------|--------------------|---------------------|
|      |                      |                    |                     |
|      |                      |                    |                     |
|      |                      |                    |                     |
|      |                      |                    |                     |
|      |                      |                    |                     |
|      |                      |                    |                     |
|      |                      |                    |                     |

| $c \sim 1$ | Dor | Diam | Rates |
|------------|-----|------|-------|
| CJOH.      |     | шеп  | Raies |

| 1 04 | a | in  |  |
|------|---|-----|--|
| LUU  | y | ıng |  |

Include only room costs and associated taxes and fees. Document mails and incidental expenses in those sections below. The total of lodging must match the Total Lodging amount reported on page 1.

| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 | Total |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|-------|
|       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |

#### Meals

You must use the same documentation method for the whole trip (either per diem or receipts). If submitting receipts, include tips. For per diem, deduct per diems for meals provided by another means (e.g., conferences or group/business/hosted meals, etc.). For group, business, or hosted meals, you must complete the business meals details on page 3 and provide detailed receipts. The total of meals must match the Total Meals amount reported on page 1.

Method ( Receipts ( Per Diem

|                          | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 | Total |
|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|-------|
| Breakfast                |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Lunch                    |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Dinner                   |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Alcohol                  |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Group/<br>Bus./<br>Host. |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Totals                   |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |

#### Supplemental: Expense Worksheet, continued

#### Transportation

Itemized receipts are required for airfare, transportation rentals, and commercial transportation (such as trains, buses, boats, etc.) if the round-trip cost exceeds \$75. Receipts are not required for other transportation expenses less than \$75. The total transportation must match the Total Transportation amount reported on page 1.

|                                 | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 | Total |
|---------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|-------|
| Airfare/<br>Service<br>Fees     |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Rental<br>Car                   |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Rental<br>Car Gas               |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Train,<br>Bus,<br>Taxi,<br>etc. |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Tolls<br>and<br>Parking         |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Totals                          |       |       |       | -     |       |       |       |       |       |        |        |        |        | -      |       |

IRS Standard Mileage Rates

**Total Transportation** 

#### Other Expenses

**Personal Mileage** 

Receipts are required for expenses over \$75. The total other expenses must match the Other amount reported on page 2.

X IRS Rate = Total Mileage

|                                | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 | Total |
|--------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|-------|
| Telephone/<br>Fax              |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Conference<br>/Seminar<br>Fees |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Other:<br>Explain<br>below     |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Other:<br>Explain<br>Below     |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Other:<br>Explain<br>Below     |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |
| Totals                         |       |       |       |       |       |       |       |       |       |        |        |        |        |        |       |

**Explain Other Expenses Included in the Table Above.** 

#### Total Expenses

Total expenses must match the Total Expenses amount reported on page 2. The Day 1 calculation includes mileage.

| Day | y 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 | Total<br>Expenses |
|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|-------------------|
|     |     |       |       |       |       |       |       |       |       |        |        |        |        |        |                   |