



PHILLIPS BROOKS HOUSE ASSOCIATION, INC.
HARVARD UNIVERSITY
Harvard Yard
Cambridge, MA 02138-6565

Finance Office Contact Information
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REIMBURSEMENT FORM (out of pocket expenses only)

Complete each of the following steps; vouchers with missing or incomplete information will be returned.
For any President's Public Service Fund (PPSF) expenses, please also filled out the HARVARD UNIVERSAL EXPENSE FORM which is linked here.

Itemize expenses by type and amount, even if items are on the same receipt. Deduct sales tax (except for meals) because PBHA cannot reimburse for tax charged.

1. Collect all original receipts, and fill out a Missing Receipt Form for receipts lost or not obtained.

2. Today's date: _____

Please make sure to put your Harvard ID Number, if you are not Harvard Student, please write that in the box.

3. Harvard ID (HUID): _____

4. Reimbursee's contact information: (The person)

Name (if different from reimbursee): _____

E-mail(list all): _____

Phone (list all): _____

5. PBHA Program

Name (a. If submitting a reimbursement multiple programs, please submit a breakdown of how much should be charged to each program) (b. Choose from drop down if using the electronic version, write in the programs name(s) if using hard copy) _____

6. a) Itemize expenses by type and amount on the right side of this voucher; if you do not itemize your expenses, the voucher will be returned to you for completion.

b) Deduct sales tax—PBHA CANNOT reimburse for tax charged, except for meal tax.

7. Sign below: I certify that the expenses submitted for reimbursement on this voucher are not personal in nature. I understand that if I do not cash my reimbursement check within 3 months from the date of issue, the amount will become a donation to PBHA, Inc.

X

(Reimbursee's signature)

8. Obtain the Committee Authorized Signer or PBHA Officer's signature (Call Financial Administration if you do not know who the Authorized Signer is):

X

(Committee Authorized Signer or PBHA Officer's signature)

If the reimbursee is an Authorized Signer or a PBHA Officer, FA is required to obtain the current Treasurer's approval.

9. Attach all receipts, and Missing Receipt Form, if applicable, to the back of this voucher.

Submit this form and attachments to the VOUCHERS mailbox in the PBH main office.

NOTE: An email notification will be send to you once the reimbursement check is ready for pick up.

Expense Type Account (please choose based on the nature of the expense) **Amount \$**

Admission (museum, movie, bowling, etc.)

Advertising

Assistance to Indiv. (HOP)

Books

Equipment lease/rental

Equipment purchase

Facility Rent

Fees/Registration (conf., etc.)

Food: ☐ Breakfast ☐ Lunch ☐ Dinner

For Meetings

Meals:

Gifts/Appreciation for volunteers/staff (e.g., balloons, party-related, etc.)

Licenses & Permits (state/city)

Membership to other orgs.

Parking fees

Parking violation & fines

Photocopying/Printing

Photographs/Development/Film

Postage/Stamps

Supplies:

Awards & Prizes

Computer related

Household/General (e.g., clothing, detergent, etc.)

Office/Stationery

Program/Educational

Safety/First aid/Medical

Storage Rental

Telephone/Beeper/Cell phone

Travel (T tokens, tolls, etc.)

Vehicle lease/rental/insurance

Vehicle maintenance

Other:

Other:

Other:

Other:

Total Reimbursement Amount \$ -

Any other comments:

For FA Use Only: