

Harvard University Employee Reimbursement/Corporate Card Payment Form

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 Expenses | Business Purpose: Provide detailed reasons and date ranges for expenses. Travel and entertainment expenses require the person(s) and/or organization and location. ALL EXPENSES MUST BE ITEMIZED. |
|----|-------------------|---|
| #1 | | |
| #2 | | |
| #3 | | |
| #4 | | |
| #5 | | |

Summary of Expenses

| Business Purpose # | Description (date, detail, etc.) | Air/Rail | Ground Transp. | Lodging | Business Meals | Other | Total |
|-------------------------|----------------------------------|----------------------------------|----------------|---------|----------------|-------|-------|
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| TOTAL AMOUNT UNDER \$75 | | Subtotal of expenses from Page 2 | | | | | |
| | | Expense Report Total | | | | | |

REIMBURSEE/CARDHOLDER: I CERTIFY THESE ARE VALID HARVARD UNIVERSITY EXPENSES.

*Signature _____ Date _____

*Prepared By _____ Phone _____
PRINT

APPROVER: I HAVE REVIEWED THESE EXPENSES AND THEY ARE IN ACCORDANCE WITH UNIVERSITY AND TUB POLICY. NO UNALLOWABLE COSTS MAY BE CHARGED TO FEDERAL FUNDS AS SPECIFIED IN OMB CIRCULARS A-21 AND A-22. BY APPROVING THIS REQUEST YOU AGREE NO UNALLOWABLE COSTS ARE BEING CHARGED TO FEDERAL FUNDS.

*Approved By _____
NAME SIGNATURE

*Required Fields

HU Employee Reimbursement/Corporate Card Form— PAGE 2

Name _____ WR# _____

Additional Expenses

| | Dates of Expenses | Business Purpose: Provide detailed reasons and date ranges for expenses. Travel and entertainment expenses require the person(s) and/or organization and location. ALL EXPENSES MUST BE ITEMIZED. |
|-----|-------------------|---|
| #6 | | |
| #7 | | |
| #8 | | |
| #9 | | |
| #10 | | |

Additional Space for Summary of Expenses

| Business Purpose # | Description (date, detail, etc.) | Air/Rail | Ground Transp. | Lodging | Business Meals | Other | Total |
|--------------------------------|----------------------------------|----------|----------------|---------|----------------|-------|-------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Subtotal of Expenses to Page 1 | | | | | | | |

33 Digit Code Line Distribution

| Business Purpose # | Amount | Tub | Org | Object | Fund | Activity | Subactivity | Root |
|--------------------|--------|-----|-----|--------|------|----------|-------------|------|
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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.