

Harvard University

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

Request Date: *					NR Nur	nber *:							
Reimbursee Name: *		ē: *							Requisi	tion #:*			
Affil	iation 🔘 Invit	ed Gu	uest				Н	HUID (Affiliates):*					
Othe	er Explanation												
U.S.	Citizen or Pern	nanen	t Resident \(\cap \text{Yes}	<u> </u>	No Fed	leral Spo	nsc	ored	○ Ye	es (No			
	Dates of xpense(s) require the person(s) and/or organization and location. ALL expenses must be itemized.												
#1	-	•				<u> </u>							
#2													
#3													
		(A DE	TAILED ITEMIZED		E ITEMIZED INCLUI FOR EXPENSES LESS THAN	\$75 CA	N B	BE ATTAC			1)		
#	Description (date, details, etc)					Air/R	Rail	Lodging	Trans	Meals	Other	Total	
#1													
#2													
#3													
				Sı	ub-Total expenses from pag	e 2							
					Total Reimbursem	ent							
					Total amount under \$7	5 itemi	zec	d in Tota	al Reimb	ursement	t		
			l ce	ertify	these are valid University	busines	s e	xpenses					
Reir	mbursee Signa	ture:*											
	nbursee Check ling Address:*	Κ											
Prepared By (Print): *							Pl	hone #					
	You agree no u	ınallow	able costs, including	undo	ocumented expenses under s Circulars A-21 and A		ein	g charged	d to Federa	al Funds as	specified	in OMB	
Approved By (Print): *							PI	hone #					

Rei	Reimbursee Name: *										
Additional Expenses											
#	Description (date, details, etc)	Air/Rail	Lodging	Ground Trans	Business Meals	Other	Total				
	Sub-Total Re	eimbursement									
		•									

Line Distribution

Business 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.