Yale University

This form requires a Transaction Control Number. Click on any **TCN** icon on the Quick Forms web site to access a Transaction Control Number.

Employee Reimbursement

Pay To (Employee Name): 1 Smith, John

(Last Name) (First Name) (M.I.)

Check will be mailed to home address unless Special Handling is requested.

Special Handling *(enclose additional copy of this form)* : 2

☑ Hold for pickup ☐ Return to department. Campus address:

Date: 5 02-MAY-2003 **ER#:** 6 123444

Employee SSN: 7 000-05-0005

If billed via Yale Travel Requisition - **TR#:**

Travel Dates - From: 15-APR-2003

8 **To:** 20-APR-2003

Business Purpose/Explanation of Business Meals/List of Attendees: 3 Expenses for scientific meeting at University of Georgia and for supplies purchased for laboratory use

Preparer Name: 4	**E-mail:**	**Phone:**	**Department:**

Expenditure type: Air/rail, lodging, personal meals, mileage, other transportation, other travel expenses. List alcoholic beverages separately.

	Air/Rail	Lodging	Car Rental	Ground Transportation	Per Diem/Actual Meal	Misc.	Business Meals	874000
Domestic	871010	871020	871030	871040	871050	871060	**Alcohol & Entertainment**	873000
International	872010	872020	872030	872040	872050	872060	**Conference Fees**	875000

Expense Date (non-travel items)	Item Description	Project	Task	Award	Exp. Type	Organization	Total Amount
9		10	10	10		10	11
	airfare, round trip 4/15 - 4/20 Bradley to Athens, GA	7654321	00	0061AA		648002	562.00
	conference fees	7654321	00	0061AA		648002	600.00
	mileage to Bradley, 88 miles x .36/mi = 31.68	7654321	00	0061AA		648002	31.68
22-APR-2003	tupperware storage bins for gels/Walmart	1001010	1	D00000		648002	18.62

EMPLOYEE (Payee): I certify that these expenses were actual and reasonable and incurred for official business of Yale University and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other resource in the future. Should any portion of this reimbursement be found non-compliant with Yale University policy, I will reimburse the University within thirty (30) days of being notified.

Total Expenses 1212.30

Advance Amount 1,000

Employee (Payee) Signature: 14 **Phone:** Any outstanding advance for the payee named above will be applied to this reimbursement.

Tear# 12 11155

AUTHORIZER: I certify that I have reviewed claims associated with this reimbursement, have found them in compliance with both Yale policies and procedures and policies of any sponsoring agencies funding these activities, and hereby authorize payment.

Balance Due Individual 212.30

13 **Refund Due Yale** 0.00

Authorizer Name: (type or print) **Signature and Date:** **Phone:**

(Attach Check. Do not send via campus mail; hand-deliver to AP and obtain receipt.)

Exceptions/Secondary Approval Signature/Date : Exceptions to University policy require approval by the appropriate Corporation officer or designee.

Revised 8/22/02