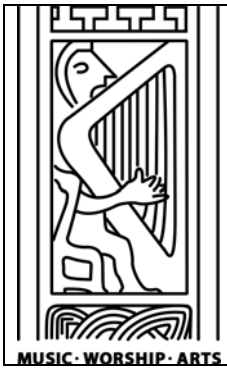

Yale Institute of Sacred Music

Faculty Reimbursement Form

Please submit completed form to your administrative support staff.

Faculty member: _____

Date: _____

PLEASE INDICATE PROJECT TO BE USED *(i.e. faculty allowance, program support, etc.)*
If charges are to be split between two or more accounts, please provide the project names and proportions.

_____

_____

Date:	Amount:	Description of Expenses*
TOTAL:		

*Please attach all **ORIGINAL, ITEMIZED** receipts for reimbursement and **LIST INDIVIDUALS PRESENT** at business meals.

Rail and Airfare must be charged at economy rates.
You must complete a missing receipts form for any receipts not provided.

Notes / Special Instructions:_____

_____

_____