



# Cornell University Payment and Tax Services

## Travel Reimbursement Request

Date  
June 29, 2006

Payee's Last Name	Payee's First Name	Social Security Number	Unit Name
Relationship to Cornell (check one please) <input type="checkbox"/> Cornell Employee <input type="checkbox"/> Cornell Student <input type="checkbox"/> Other _____ <small>Please describe</small>		Campus Address	
Home Address	City/Town	State/Province	Country    Zip/Postal Code
Business Purpose of Trip/Expenditure (required)			

<b>LEFT FROM</b>	<b>ON</b>	<b>TO</b>	<b>HOME ON</b>
(Location)	(Date)	(Location)	(Date)

		<b>TOTALS</b>
<b>Lodging</b>	(Room costs only, enter meals, incidentals and miscellaneous below)	
<b>Meals</b>	(Check one - method selected must apply to entire trip) <input type="checkbox"/> Per Diem Method OR <input type="checkbox"/> Receipt Method Alcohol/Bar Costs (Business Meals & Receipt Method only) Hosted Business Meals (Provide details on next page)	\$ -    If using per diem, deduct 20% B, 20% L, 60% D for hosted business meals or meals otherwise provided Use Federal Unallowable Object Code ITEMIZED Receipts Required \$ -
<b>Meals total</b>		
<b>Transportation</b>		
Airfare (including travel agent/booking service fees)	\$ -	
Auto Rental & Gas		
Tolls & Parking		
Train, Bus, Taxi, Limo		
Personal Auto _____ Miles @ \$ - IRS rate		For IRS mileage rates, see: <a href="http://www.payments.cornell.edu/IRS_Mileage_Rates.cfr">http://www.payments.cornell.edu/IRS_Mileage_Rates.cfr</a>
<b>Transportation total</b>		
<b>Miscellaneous</b> (please explain)		
<b>TOTAL EXPENSES</b>		

**You must be currently enrolled in AP Direct Deposit to select this payment method for this reimbursement.**  
[Sign up for AP Direct Deposit for future reimbursements.](#)

Less advances*		<input type="checkbox"/> Direct Deposit
Amount Due Payee		<input type="checkbox"/> Campus Mail (addr. above)
Amount Due Cornell		<input type="checkbox"/> US Mail to home
*Advance Acct. #		<input type="checkbox"/> Day Hall Pickup (name/ext)
- A	-1310	

**NOTE: You may NOT code expenses to Endowed and Contract College accounts on the same voucher.**

Bps	Account Number	Object	Project	DUO	Amount	1099	
						Code	Amount
	-						
	-						
	-						
	-						
<b>Total (must equal Total Expenses above)</b>					\$	-	

**Payee Certification & Approvals**  
 I certify that these charges are accurate and that I am not claiming reimbursement from another source.

Payee Signature \_\_\_\_\_ Date \_\_\_\_\_ Prepared by: \_\_\_\_\_ E-mail \_\_\_\_\_ Ext \_\_\_\_\_

Signature Authority Approval \_\_\_\_\_ Date \_\_\_\_\_ Enter/Print Name \_\_\_\_\_ E-mail \_\_\_\_\_ Ext \_\_\_\_\_