Employee Reimbursement/ Corporate Card Payment Form

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

Harvard ID#:* Name:* WR #:*

Payment Type (Check all that apply) ☐ Out of Pocket ☐ Corporate Card

#	Dates of Expense(s)	**Business Purpose:** Provide detailed reasons and date ranges for expenditure(s). Travel and entertainment expenses require the person(s) and/or organization and location. **ALL expenses must be itemized.**
1		
2		
3		
4		

Summary of Expenses - You may attach a Corporate Card statement in lieu of completing the description section. Cross-reference the business purpose to each item on the statement by writing the business purpose # next to the itemized lines.

#	Description (date, details, etc)	Air/Rail Travel	Ground Trans	Lodging	Business Meals	Other	Total
1							
	Sub Total Expense from Page 2						
	Expense Report Total						

Total amount under $75 itemized in Expense Report Total

I certify these are valid University business expenses

Reimbursee/Card Holder Signature:*

Prepared by (Print): Phone #

I have reviewed these expenses and they are in accordance with University and TUB policy

Approved By (Print): Phone #

*** Required Field**

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Name:* WR #:*

#	Dates of Expense(s)	**Additional Business Purpose:** Provide detailed reasons and date ranges for expenditure. Travel and entertainment expenses require the person(s) and/or organization and location. **ALL expenses must be itemized.**
5		
6		
7		
8		
9		
10		

Additional Expenses - You may attach a Corporate Card statement in lieu of completing the description section. Cross-reference business purpose to each item on the statement by writing the business purpose # next to the itemized lines.

#	Description (date, details, etc)	Air/Rail Travel	Ground Trans	Lodging	Business Meals	Other	Total
	Sub-Total Expense to Page 1						

Line Distribution

Business Purpose#	Amount	Tub	Org	Object	Fund	Activity	Sub	Root
1		370	31500					

*** 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.
*Receipt report must be included with this form.

Print Form