



# NEW YORK UNIVERSITY

## STUDENT EXPENSE REIMBURSEMENT FORM

(LAST REVISED DEC 2009)

|                                      |
|--------------------------------------|
| <b>Form EXP2000S</b>                 |
| <b>For Accounts Payable Use Only</b> |
|                                      |

*This form is to be used by NYU students only to request reimbursement for university business expenses.  
 NYU will not process requests for expenses that are deemed nonpermissible/nonreimbursable by the University.  
 For guidance, refer to the Business Expenses Policy and Expense Reimbursement Policy of the University ([www.nyu.edu/financial.services/cdv/policies](http://www.nyu.edu/financial.services/cdv/policies)).  
 If reimbursement is for travel, attach Form EXP2000T (reimbursement request for each trip must be submitted on a separate Form EXP2000T).  
 If reimbursement is for meals during business meetings or events, attach Form EXP2000M. Otherwise, complete Box 11.*

**CASH REIMBURSEMENT.**  
 Mark box if total expenses are \$300.00 or less and you want reimbursement in cash. For cash reimbursement, take the form to the Office of the Bursar.  
 For location and office hours, please refer to the Office of the Bursar Website ([www.nyu.edu/bursar/location.hours](http://www.nyu.edu/bursar/location.hours)).

**PAYEE INFORMATION**

|   |  |
|---|--|
| <b>1. PAYEE'S FULL NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)</b> | <b>For Accounts Payable Use Only</b>                           |
| <b>2. HOME ADDRESS</b>  | <b>VENDOR NUMBER:</b>  |
| <b>3. ALTERNATE MAILING ADDRESS (IF APPLICABLE)</b>                 | <b>5. UNIVERSITY ID NUMBER:</b><br><br>N _ _ _ _ _             |
| <b>4. DEPARTMENT TO BE CHARGED</b>                                  | <b>6. CONTACT PERSON (IF OTHER THAN PAYEE) AND TEL. NUMBER</b> |

**EXPENSE/ACCOUNT DETAILS**

| 7. EXPENSE TYPE        | 8. AMOUNT | 9. CHARTFIELD |      |          |         |         | TAX CODE |
|------------------------|-----------|---------------|------|----------|---------|---------|----------|
|                        |           | ACCOUNT       | FUND | ORG/DEPT | PROGRAM | PROJECT |          |
|                        | \$        |               |      |          |         |         |          |
|                        |           |               |      |          |         |         |          |
|                        |           |               |      |          |         |         |          |
|                        |           |               |      |          |         |         |          |
|                        |           |               |      |          |         |         |          |
| <b>TOTAL EXPENSES:</b> | \$        |               |      |          |         |         |          |

|  |
|--|
| <b>10. TOTAL AMOUNT OF REIMBURSEMENT (IN WORDS)</b>      |
| <b>11. DESCRIPTION AND BUSINESS PURPOSE OF EXPENSE/S</b> |

**12. SIGNATURES/APPROVALS:** *I, the Payee, certify that the charges reported here are correct and that I am not claiming reimbursement from other sources for the same.*

|   |                        |             |      |
|---|------------------------|-------------|------|
| SIGNATURE OF PAYEE  | EMAIL ADDRESS OF PAYEE | TEL. NUMBER | DATE |
| NAME OF APPROVER  | SIGNATURE OF APPROVER  | TEL. NUMBER | DATE |
| SIGNATURE OF PAYEE TO PICK UP PETTY CASH (To be signed in the presence of the teller at time of pick-up.) |                        |             |      |

*For additional forms and instructions, see the Controller's Division Web site ([www.nyu.edu/financial.services/cdv](http://www.nyu.edu/financial.services/cdv)).*