

NYU Steinhardt

Expense Reimbursement Form

*To be used to reconcile payments to human subjects **only**.*

Use AP Workflow to reconcile all other cash advances and for all other reimbursement requests. Cash advances should be cleared within 30 days from the "end date" specified on the Request for Advance Form (ADV3000).

PAYEE INFORMATION

1. PAYEE'S FULL NAME (First Name, Middle Initial, Last Name)		For Accounts Payable Use Only VENDOR NUMBER	
2. HOME ADDRESS			
3. ALTERNATE MAILING ADDRESS			
4. DEPARTMENT TO BE CHARGED		5. TEL. NUMBER AND CONTACT PERSON (if other than Payee)	6. UNIVERSITY ID
			7. DATE CASH ADVANCE REQUESTED

EXPENSE/ACCOUNT DETAILS

8. EXPENSE TYPE	9. AMOUNT	ACCOUNT	FUND	10. CHARTFIELD ORG/DEPT	PROGRAM	PROJECT	TAX CODE
TOTAL EXPENSES: 9a		If amount in 9c is less than zero, please attach a check payable to NYU					
LESS NYU ADVANCE:* 9b							
TOTAL RECONCILIATION: 9c		*NYU Advance: Refers only to any cash advance requested using ADV 3000					
11. TOTAL AMOUNT RECONCILED (in words)							
12. DESCRIPTION AND BUSINESS PUPOSE OF EXPENSE(S)							

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