

Harvard University

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

Request Date: *					NR Numb	er *:						
Reimbursee Name: *								Requisi	ition #:*			
Affil	iation \bigcap Inv	ited Gu	est C Harvard S	Stude	nt Other (Explain below)		Н	UID (Affilia	ates):*			
Oth	er Explanatio	n 🗌										
U.S.	Citizen or Per	rmanen	t Resident Yes	\bigcirc	No Feder	al Spons	ored	○ Ye	es O No			
			ess Purpose : Provide detailed reasons and date ranges for expenditures. Travel and entertainment expenses the person(s) and/or organization and location. ALL expenses must be itemized.									
#1												
#2												
#3												
	A				E ITEMIZED INCLUDII FOR EXPENSES LESS THAN \$							
#	Description (date, details, etc)					Air/Rail	Lodging	Ground Trans	Business Meals	Other	Total	
#1												
#2												
#3												
				S	ub-Total expenses from page 2							
					Total Reimbursement	:						
					Total amount under \$75 i	temize	d in Tota	al Reimb	ursement	t		
			lc	ertify	r these are valid University bu	ısiness e	expenses					
Reir	mbursee Sign	ature:*										
Reimbursee Check Mailing Address:*												
Prepared By (Print): *							Phone #					
	You agree no	unallov	vable costs, includin	g und	ocumented expenses under \$75 Circulars A-21 and A-22		ng charge	d to Federa	al Funds as	specified	in OMB	
Approved By (Print): *		int): *			Circulais A-21 and A-22		Phone #					

Department of Mathematics - Travel Expenses

FOR PROFE	SSOR:			
Date of Trip):			
1		Dates of travel		
Destination	S:			
	,	City/State/Coun	try	
Purpose of	Travel:			
If for collabo invited talks,	rations, provide na , conferences, cons	ame of collabor ultations or co	rators and institutional affiliations. mmittee work, please provide full ganization involved – No Acronyn	name of
	r an invited talk, re		ations: ration or consultation, indicate the	
Types of ex	xpenses and ind	ividual amou	ints for each expense:	
Airfare	Lodging	Meals	Ground-Transportation	Other
Total Amou	ınt Requested fo	r Trip:		
Account To	Be Charged:			
GE Corpora			r Out-Of-Pocket:	

Staple Receipts to form and submit to Nathalie Morales

Indicate To/From directly on receipt(s). Hotel receipts and all others over \$75 must be provided. See Nathalie to sign a Missing Receipt Affidavit if receipts missing.

Sign on reverse side. Harvard Affiliates must also include HUID.