



**PART A: EMPLOYEE / STUDENT & TRIP INFORMATION**

Hospital or School HOS01  OM01  Hold for Pickup YES  NO

Kerberos ID / NET ID Vendor ID (if known) Contact Name: (if different from Employee) Phone / Extension: Name: Departure Time: Return Time: Address: Departure Date: Return Date:

Location of Event / Method of Travel (eg. - air, rail, automobile)

Table with 8 columns: Purpose of Reimbursement, Allocated \$ Amount, Business Unit, Fund, Operating Unit, Dept ID, Program, Project. Includes a summary row for \$0.00.

**PART B: EXPENSE DETAILS**

Table with columns for days of the week (SUNDAY to SATURDAY), Amount(s), Total, and G/L Account. Lists various expense categories like Travel - Air, Hotel, Meals, etc.

Summary table with 3 columns: Description, Total Actual Expenses, Amount Due Employee / Student. Shows \$0.00 for both.

**PART C: CERTIFICATION AND APPROVALS**

Employee / Student: I Certify that the expenses reflected in my report were incurred in connection with NYU Langone Medical Center business:

Employee / Student Signature and Title (this is the employee /student being reimbursed in Part A above) Date

Approval: I Certify that the purpose of this trip is in accord with the program(s) being charged and that funds have been approved for this purpose:

Approver's Signature Date

Approver's Name and Title (Type / Print) Phone # / Extension

Secondary Approval (All expense reports in excess of \$5,000 require secondary approval)

Secondary Approver's Signature Date

Division Vice President / Mission Head / Department Chair Name (Type / Print) Phone # / Extension