NYU Langone Medical Center Travel				& Business Expense Reimbursement Form					AP USE ONLY INVOICE #:	
PARTA: EMPLOYEE/STUDENT &		Hospital or School	HOS01	OM01	Hold for Pickup	YES 🗌	NO 🗌			
Kerberos ID / NET ID	Vendor ID (if know		1)	Contact Name: (if different from			Phone /			
Managa				Employee)			Extension:			
me:				Departure Time:			Return Time:			
Address:				Departure Date:			Return Date:			
Location of Event / Method of Travel (eg air, rail, automobile)										
Purpose of Reimbursement (include organization(s) visited or meeting, conference, seminar attended)			Allocated Amount (if appl.)	\$ Business Unit	Fund	Operating Unit	Dept ID	Program	Project	
			\$0.00	<=== If allocations a Due Employee / Stu	cross multiple char	tfields, total allocated	expenses must a	gree to the Amount		
PART B: EXPENSE DETAILS		Duo Linpioyoor ola								
Enter the dates of your trip here. For trips	SUNDAY Date	MONDAY Date	TUESDA Date	Y WEDNESDAY Date	THURSDAY Date	FRIDAY Date	SATURDAY Date			
in excess of seven (7) days, use two forms								Total	G/L Account	
Expenses	Amount(s)	Amount(s)	Amount(s	s) Amount(s)	Amount(s)	Amount(s)	Amount(s)			
Travel - Air - Domestic Travel - Air - Foreign								\$0.00 \$0.00	63110 63101	
Travel - Hotel								\$0.00	63104	
Travel - Transportation								\$0.00	63103	
Travel - Meals								\$0.00	63105	
Conference Registration / Fee								\$0.00	63107	
Office Supplies								\$0.00	63001	
Books & Periodicals								\$0.00	63681	
Dues And Subscriptions								\$0.00	63680	
Postage Miscellaneous Expense								\$0.00 \$0.00	63678 63693	
Other: (not listed above)								\$0.00	00000	
other. (not hated above)								\$0.00		
								\$0.00		
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
If a (1) cash advance or (2) reimbursement for an expense occurred prior to the travel/trip/event using FORM AP2400 - Travel Total Actual Expenses \$0.00										
Advance/Prepaid Travel Expense Form, those expenses must be included above as proof the expense was incurred (i.e boarding pass for prepaid airfare, a conference agenda for prepaid conferences, etc.) and the advance/prepaid expense must be deducted to the right from the						Less: Advance Received				
total costs of the trip/travel/event.						(From FORM AP2400)				
n Annount Due Linghover / subdent is negative due to the drance being greater than actual expenses, please enclose you return direct payable to "NYU Langone Medical Center". Amounts Due Employee /Student less than \$1.00 are not payable to NYULMC / reimbursable to the Employee / Student.						Amount Due Employee / Student		\$0.00		
PART C: CERTIFICATION AND APPROVALS										
Employee / Student: I Certify that the	e expenses refl	ected in my rep	ort were inc	urred in connection w	ith NYU Lango	ne Medical Cent	er business:			
						-				
Employee / Student Signature and Title					at funda hava		Date			
Approval: I Certify that the purpose	or this trip is in	accord with the	e program(s,) being charged and tr	iat iunus nave i	been approved i	or this purpose:			
Approvaria Signatura							Doto			
Approver's Signature						Date				
Approver's Name and Title (Type / Print)						Phone # / Extension				
Secondary Approval (All expense rep	oorts in excess	of \$5,000 requi	re secondar	y approval)						
Secondary Approver's Signature						Date				
Division Vice President / Mission Head / Department Chair Name (Type / Print) Phone # / Extension										
Return completed form and original supporting documentation to Accounts Payable: 1 Park Avenue, 11th Floor. Keep a copy of this signed form and your expense documentation for your records. This form										
should be completed in conjunction with r	eading finance po	olicy 05.11 "Emplo	vee Travel an	d Expense Reimburseme	nt" and/or policv	05.13 "Student Tra	vel and Business Exp	ense Reimbursem	ent."	