



UNIVERSAL EXPENSE FORM

Note: Receipts must be received by the TRO within 60 days of the date expense incurred.

EMPLOYEE TYPE OR AFFILIATION

- Harvard Employee
- Affiliate/Harvard Student/Casual/Stipend- *Complete Non-Employee Section*
- Invited Guest/Visitor - *Complete Non-Employee Section*

PAYMENT TYPE (CHECK ALL THAT APPLY)

- Out of Pocket
- Corporate Card

Reimbursement Method

- Direct Deposit
- Paper Check

Date:

Harvard ID#:	Reimbursee or Cardholder Name:	Web Voucher/PO#:
		US Citizen or Permanent Resident: <input type="radio"/> Yes <input type="radio"/> No Permanent Residents - Resident Alien Card # _____ If you are not a US Citizen or Permanent Resident, provide: Visa Type: _____ Country of Tax Residency: _____

BUSINESS PURPOSE

(Detailed reason for expenditure. For travel or entertainment, include person and/or organization visited and location. Also include expense date range. List additional business purposes on page 2.)

Date(s) of expense(s)

#1	#2	#3	#4	#5

SUMMARY OF EXPENSES (Room for additional expenses is available on page 2)

Business Purpose#	Description (date, detail, etc.)	Air/Rail Travel	Ground Trans.	Lodging	Business Meals	Other	Total	
<i>Subtotals from page 2, if applicable:</i>								
LESS ADVANCES EXPENSE:								
This box will calculate your Total Receipts Under \$75		REPORT TOTAL :						

REIMBURSEE: *I certify that these are all legitimate Harvard University business expenses. By signing this form you agree that no unallowable costs, including undocumented expenses under \$75 are being charged to federal grants*

SIGNATURE: _____ **Date:** _____

Reimbursee Permanent Legal Address: _____

Reimbursee Check Mailing Address, if different than Legal: _____

Preparer: _____ (PRINT) Phone: _____ Approver: _____ (SIGNATURE)

