

UNIVERSAL EXPENSE FORM

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

EMPLOYEE TYPE OR AFFILIATION O Harvard Employee					PAYMENT TYPE (CHECK ALL THAT APPLY) Out of Pocket Corporate Card					
O Affiliat	e/Harvard S	tudent/Casual/Stipend- C <i>omplet</i> e	e Non-Employee Section				•			
O Invited	Guest/Visit	or - Complete Non-Employee Secti	ion	R	eimbursen Direct Depo	nent M ethod				
Date:			Paper Check							
Harvard I	D#:	Reimbursee or Cardholder	r Name:		Web Voucher/PO#:					
			Permanent Resid	lents - IS Citi	manent Resident: O Yes ONo ents - Resident Alien Card # S Citizen or Permanent Resident, provide: Country of Tax Residency:					
BUSINESS Date(s) of e	PURPOSE	(Detailed reason for expenditure. Alsoinclude expense date range.			•	-	on visited and	location.		
#1										
#2										
#3										
#4										
#5										
SUMMARY	OF EXPEN	ISES (Room for additional expense	es is available on page	2)	1	I				
Business Purpose# Descripti		ion (date, detail, etc.)		round rans.	Lodging	Business Meals	Other	Total		
	S	Subtotals from page 2, if applica	ble:							
This hov wi	II calculate y	our			LESS ADVANCES EXPENSE:					
	eipts Und		4 <i>L</i> :							
REIMBUR	RSEE: I cert	tify that these are all legitima	te Harvard Univers	ity bus	iness exper	ses. By signi	ng this forn	n you agree		
that no ur	nallowable o	costs, including undocument	ed expenses under	\$75 ar	e being cha	rged to federa	l grants			
SIGNATU	JRE:					Date:				
Reimburs	see Permar	nent Legal Address:								
Reimburs	see Check	Mailing Address, if different t	han Legal:							
Preparer:			Phone:	Ann	rover:					

(SIGNATURE)

(PRINT)

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Reimbursee or Cardholder Name:

Web Voucher/PO#:

Departmental Accounting

The area below is for departments whose financial office requires this information for processing purposes.

This information will be captured in the Web Voucher System.

Business Purpose#	Amount	Tub (3)	Org (5)	Object (4)	Fund (6)	Activity (6)	Sub (4)	Root (5)
·								

ADDITIONAL BUSINESS PURPOSES OR INFORMATION

Date(s	s) of expense(s)	
#6		
#7		
#8		
#9		
#10		
#11		
#12		

ADDITIONAL EXPENSES

Business Purpose#	Description (date, detail, etc.)	Air/Rail Travel	Ground Trans	Lodging	Business Meals	Other	Total
	Subtotals, carry to first sheet						

Hints and policy notes:

- 1. You may attach a Corporate Card statement in lieu of completing the description section. Cross-reference business purpose to each item on the statement by writing the business purpose # next to the itemized lines.
- 2. Please refer to www.travel.harvard.edu for complete policy.
- 3. To expedite payment, please return completed form and required documentation to the financial office at the unit/school responsible for processing the electronic payment.