CUNY NON Employee Travel Reimbursement

Campus Name				
Vendor Name	Last Name	First Name	MI	Suffix
Address	City	State	Zip	
Travel Destination	Travel Start Date and Time	Travel End Date and Time		
Business Purpose				
Travel Description				

Indicate All Expenses – If more space is required in any section, attach all travel event documentation to this form.	**Totals**
Lodging	
Transportation	
Meals (*Up to Per Diem. Must be supported by itemized readable receipts*.)	
Mileage Claimed miles @ ¢ per mile =	
Incidental Expenses	
Total Amount Claimed	

Vendor / Traveler Certification

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Signature Title Date

Departmental Approval

I certify the expenses on this reimbursement claim were just, necessary and in the best interest of The City University of New York.

Signature Title Date

Department Chartfields

Fund	CUNYfirst Department Number	Major Purpose	Special Initiative	Operating Unit	Funding Source	Program Code