



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 ONLY ONE)

- Out of Pocket
- GE Corporate Mastercard

Reimbursement Method (Check only one)

- Direct Deposit
- Paper Check

Date:

Harvard ID#:	Reimbursee or Cardholder Name:	Web Voucher/PO#:
Non-Employees Complete This Section.	Social Sec/Tax ID#:	US Citizen or Permanent Resident: _____ Yes _____ 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		*Precede with minus sign					
EXPENSE REPORT TOTAL:							\$
TOTAL AMOUNT OF RECEIPTS UNDER \$75		\$					

REIMBURSEE: I certify that these are all legitimate Harvard University business expenses.

SIGNATURE:

Date:

Reimbursee Permanent Legal Address:

Reimbursee Check Mailing Address, if different than Legal:

I have reviewed these expenses and all are in accordance with University and Tub policy.

Preparer: _____ Phone: _____ Approver: _____

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)
	<u>\$</u>							

ADDITIONAL BUSINESS PURPOSES OR INFORMATION

Date(s) of expense(s)

#6		
#7		
#8		
#9		

ADDITIONAL EXPENSES

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

Reminder - To expedite processing:

1. Refer to the [Policy at a Glance](#) or the complete [Travel Policy](#) at www.travel.harvard.edu.
2. Contact the Travel and Reimbursement Office (TRO) at 495-7760 with policy questions prior to submitting form.