**REIMBURSEMENT FORM** (out of pocket expenses only)

Complete each of the following steps; vouchers with missing or incomplete information will be returned. For any President’s Public Service Fund (PPSF) expenses, please also fill out the HARVARD UNIVERSAL EXPENSE FORM which is linked here.

**Expense Type** | **Amount**
--- | ---
Admission (museum, movie, bowling, etc.) | 
Advertising | 
Assistance to Indiv. (HOP) | 
Books | 
Equipment lease/rental | 
Equipment purchase | 
Facility Rent | 
Fees/Registration (conf., etc.) | 
Food: | Breakfast | Lunch | Dinner | 
For Meetings | 
Meals: | 
Gifts/Appreciation for volunteers/staff (e.g., balloons, party-related, etc.) | 
Licenses & Permits (state/city) | 
Membership to other orgs. | 
Parking fees | 
Parking violation & fines | 
Photocopying/Printing | 
Photographs/Development/Film | 
Postage/Stamps | 
Supplies: | 
Awards & Prizes | 
Computer related | 
Household/General (e.g., clothing, detergent, etc.) | 
Office/Stationery | 
Program/Educational | 
Safety/First aid/Medical | 
Storage Rental | 
Telephone/Beeper/Cell phone | 
Travel (T tokens, tolls, etc.) | 
Vehicle lease/rental/insurance | 
Vehicle maintenance | 
Other: | 
Other: | 
Other: | 
Other: | 
**Total Reimbursement Amount** | $ | -

**Any other comments:**

**For FA Use Only:**

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**1.** Collect all original receipts, and fill out a Missing Receipt Form for receipts lost or not obtained.

**2.** Today’s date: ____________________________

Please make sure to put your Harvard ID Number, if you are not Harvard Student, please write that in the box.

**3.** Harvard ID (HUID): ____________________________

**4.** Reimburseee’s contact information: (The person)

Name (if different from reimbursee): ____________________________

E-mail (list all): ____________________________

Phone (list all): ____________________________

**5.** PBHA Program

Name ____________________________

(a) If submitting a reimbursement multiple programs, please submit a breakdown of how much should be charged to each program. (b) Choose from drop down if using the electronic version, write in the program names if using hard copy.

**6.** a) Itemize expenses by type and amount on the right side of this voucher; if you do not itemize your expenses, the voucher will be returned to you for completion.

b) Deduct sales tax—PBHA CANNOT reimburse for tax charged, except for meal tax.

**7.** Sign below: I certify that the expenses submitted for reimbursement on this voucher are not personal in nature. I understand that if I do not cash my reimbursement check within 3 months from the date of issue, the amount will become a donation to PBHA, Inc.

X

(Reimburseee’s signature)

**8.** Obtain the Committee Authorized Signer or PBHA Officer’s signature (Call Financial Administration if you do not know who the Authorized Signer is):

X

(Committee Authorized Signer or PBHA Officer’s signature)

If the reimbursee is an Authorized Signer or a PBHA Officer, FA is required to obtain the current Treasurer’s approval.

**9.** Attach all receipts, and Missing Receipt Form, if applicable, to the back of this voucher.

Submit this form and attachments to the VOUCHERS mailbox in the PBH main office.

**NOTE:** An email notification will be sent to you once the reimbursement check is ready for pick up.