

YSOA STUDENT REIMBURSEMENT REQUEST FORM

Instructions:

Complete all information. Sign as indicated and include receipts.
 Number your receipts and enter the information below for each receipt in sequential order.
 Receipts must be legible.
 Obtain approval signature from your faculty/supervisor.
 Submit form to the School's Business Office via e-mail to archbusiness@yale.edu

Receipt Submission Requirements:

Receipt must show proof of payment.
 If paid in cash, note that on the receipt.
 Train or air travel: include the itinerary with your receipt.
 Lodging: include your detailed bill from hotel with receipt.
 Car rental: include the car rental agreement with receipt.

Name: _____

Requested Reimbursement: \$ _____

Travel Dates (if applicable): _____

Course #: _____

Local Mailing Address:

Citizenship Status (check one):

 (Street)

U.S. _____

International _____

 (City) (State) (Zip Code)

Complete a W9 or W8 form if you not currently employed by Yale.

U.S. [Complete a W9 form here](#)

International [Complete a W8 form here](#)

Phone Number: _____

E-mail Address: _____

UPI: _____

This can be found by entering your name in the Yale University Directory: <https://directory.yale.edu/>.

Explanation of Business Purpose: (who, what, where, why; e.g. Advanced Studio Trip to Paris, photocopying, studio supplies, etc.)

Certification: I hereby certify that the expenses were incurred for official business of Yale University and that no portion of the claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other source in the future. Should any portion of the reimbursement be found to be non-compliant with Yale University policy, I will reimburse the University within 30 days of being notified.

Student Signature: _____

Date: _____

(Signature not required if submitting by e-mail)

Faculty/Supervisor or Administrator Signature: I hereby authorize this expense to be assigned to my course or other allotted budget.

Print Name : _____

Signature: _____

Date: _____

(If faculty/supervisor is not available for signature; obtain and submit e-mail approval from faculty/supervisor)

Expense Accounting (itemize expenses)			
Receipt Number	Date	Description	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

If you have additional expenses please submit them on an additional Excel spreadsheet.