YSOA STUDENT REIMBURSEMENT REQUEST FORM

Name: _____

Requested Reimbursement: $ _____

Travel Dates (if applicable): _____

Course #: _____

Local Mailing Address:

_____
(Street)

Citizenship Status (check one):
U.S.
International _____

_____

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

_____   _____   _____
(City)   (State)   (Zip Code)

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.