YSOA STUDENT REIMBURSEMENT REQUEST FORM

Instructions:
Complete all information. Sign as indicated and attach original 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 rosemary.watts@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: _____

Expected Reimbursement: $ _____

Travel Dates (if applicable): _____

Course #: _____

Local Mailing Address: _____

If you are NOT currently employed by Yale University:
U.S. Citizen   Complete a W9 form here
International Student   Complete a W8 form here

(Street) _____

_____

E-mail Address: _____

(City)   (State)   (Zip Code)

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			