YSOA FACULTY REIMBURSEMENT REQUEST FORM

Instructions:

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Complete all information.

Sign as indicated and attach original receipts. Receipts must be legible.

Number your receipts and enter the information below for each receipt in sequential order.

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.

Restaurant: submit detailed bill and list of attendees.

| Name: | | | Course #: | | |
|--|-------------|--|-------------------------------|-------------------------------|--|
| Expected Reimbursement: \$ | | | Travel Dates (if applicable): | Travel Dates (if applicable): | |
| 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. | | | | | |
| Signature: | | | Date: | | |
| | (Signatu | (Signature not required if submitting by e-mail) | | | |
| Expense Accounting (itemize expenses) | | | | | |
| Receipt Number | <u>Date</u> | <u>Description</u> | | <u>Amount</u> | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |