## 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:**

Document must show what was purchased and proof of payment. 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.

Expenses over 365 days old are not reimbursable.

Payment Options: (check one)	Pettty Cash		
	Workday		
Petty cash: Pick up cash with Yale ID from Treasury Services 2 Whit Ave			
Reimbursement through Workday: Paymemt will be made by check or A	ксн, aepenaing on your set up in workaay; processii	ng time up to four weeks.	
Name:	Requested Reimbursement: \$		
Travel Dates (if applicable):	Course #:		
Local Mailing Address:	Citizenship Status (check one)	<b>)</b> :	
	U.S.		
(e) )	International		
(Street)	Complete a W9 or W8 form if	you not currently employed by Yale.	
	U.S.	Complete a W9 form here	
(City) (State) (Zip Code)	International	Complete a W8 form here	
Phone Number:	E-mail Address:		
	<del></del>		
<b>UPI:</b> This can be found by entering your name in the Yale University Director	······································		
This can be journa by entering your name in the Yale University Director	y: nttps://airectory.yaie.eau/.		
Explanation of Business Purpose: (who, what, where, why; e.g. Ad	dvanced Studio Trip to Paris, photocopying, studio s	upplies, etc.)	
Cartification: I have by sortify that the aureance wave incurred for aff	inial business of Vala University, and that we negation	of the plains was provided from	
<b>Certification:</b> I hereby certify that the expenses were incurred for off of charge, previously reimbursed from any other source, or will be paid	·	·	
found to be non-compliant with Yale University policy, I will reimburse		ntion of the reimbursement be	
Student Signature:	Date:		
(Signature not required if submitting by e-mail)	1		
Faculty/Supervisor or Administrator Signature: I hereby author	ize this expense to be assigned to my course or other	er allotted budget.	
Print Name :			
	<del></del>		
Signature:	Date:		
(If faculty/supervisor is not available for signatu	ıre; obtain and submit e-mail approval from facult	y/supervisor)	

\*\*All receipts should be scanned as a separate pdf files and named i.e. 1-Uber 8-8-22 \$20.00\*\*

Expense Accounting (itemize expenses)			
	Τ	Expense Accounting (itemize expenses)	
Receipt Number	<u>Date</u>	<u>Description</u>	<u>Amount</u>
1 EXAMPLE	8/8/22	Uber from abc location to xyz location	20.00
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			