



# Employee Reimbursement/ Corporate Card Payment Form

**Harvard University**  
University Financial Services  
1033 Massachusetts Ave., 2nd Floor  
Cambridge, MA 02138

Harvard ID#:\*  Name:\*  WR #:\*

Payment Type (Check all that apply)  Out of Pocket  Corporate Card

#	Dates of Expense(s)	<b>Business Purpose:</b> Provide detailed reasons and date ranges for expenditure(s). Travel and entertainment expenses require the person(s) and/or organization and location. <b>ALL expenses must be itemized.</b>
1		
2		
3		
4		

**Summary of Expenses** - You may attach a Corporate Card statement in lieu of completing the description section. Cross-reference the business purpose to each item on the statement by writing the business purpose # next to the itemized lines.

#	Description (date, details, etc)	Air/Rail Travel	Ground Trans	Lodging	Business Meals	Other	Total
<b>Sub Total Expense from Page 2</b>							
<b>Expense Report Total</b>							

**Total amount under \$75 itemized in Expense Report Total**

I certify these are valid University business expenses

Reimbursee/Card Holder Signature:\*

Prepared by (Print):  Phone #

**I have reviewed these expenses and they are in accordance with University and TUB policy**

Approved By (Print):  Phone #

\* Required Field



# Employee Reimbursement/ Corporate Card Payment Form

Name:\*

WR #:\*

#	Dates of Expense(s)	<b>Additional Business Purpose:</b> Provide detailed reasons and date ranges for expenditure. Travel and entertainment expenses require the person(s) and/or organization and location. <b>ALL expenses must be itemized.</b>
5		
6		
7		
8		
9		
10		

**Additional Expenses** - You may attach a Corporate Card statement in lieu of completing the description section. Cross-reference business purpose to each item on the statement by writing the business purpose # next to the itemized lines.

#	Description (date, details, etc)	Air/Rail Travel	Ground Trans	Lodging	Business Meals	Other	Total
<b>Sub-Total Expense to Page 1</b>							

### Line Distribution

Business Purpose#	Amount	Tub	Org	Object	Fund	Activity	Sub	Root

\* Required Field

### HINTS AND POLICY NOTES:

- \* Please refer to [www.travel.harvard.edu](http://www.travel.harvard.edu) for complete policy.
- \* This completed form and required documentation must be returned to the local unit for processing.
- \* Receipt report must be included with this form.