



UNIVERSAL EXPENSE FORM

Note: Receipts must be received by the TRO within 60 days of the date expense incurred.

EMPLOYEE TYPE OR AFFILIATION

- Harvard Employee
- Affiliate/Harvard Student/Casual/Stipend- Complete Non-Employee Section
- Invited Guest/Visitor – Complete Non-Employee Section

PAYMENT TYPE (CHECK ALL THAT APPLY)

- Out of Pocket
 - GE Capital Corporate Card
- Reimbursement Method**
- Direct Deposit
 - Paper Check

Date:

| | | |
|---|--------------------------------|---|
| Harvard ID#: | Reimbursee or Cardholder Name: | Web Voucher/PO#: |
| Non-Employees Complete This Section. | Social Sec/Tax ID#: | US Citizen or Permanent Resident: _____ Yes _____ No Permanent Residents - Resident Alien Card # _____ If you are not a US Citizen or Permanent Resident, provide: Visa Type: _____ Country of Tax Residency: _____ |

BUSINESS PURPOSE

(Detailed reason for expenditure. For travel or entertainment, include person and/or organization visited and location. Also include expense date range. List additional business purposes on page 2.)

Date(s) of expense(s)

| | | |
|----|--|--|
| #1 | | |
| #2 | | |
| #3 | | |
| #4 | | |
| #5 | | |

SUMMARY OF EXPENSES (Room for additional expenses is available on page 2)

| Business Purpose# | Description (date, detail, etc...) | Air/Rail Travel | Ground Trans. | Lodging | Business Meals | Other | Total |
|--|------------------------------------|-----------------|---------------|---------|----------------|-------|-----------|
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| | | | | | | | |
| <i>Subtotals from page 2, if applicable:</i> | | | | | | | |
| LESS ADVANCES | | | | | | | \$ |
| EXPENSE REPORT TOTAL: | | | | | | | \$ |
| TOTAL AMOUNT OF RECEIPTS UNDER \$75 | | \$ | | | | | |

REIMBURSEE: I certify that these are all legitimate Harvard University business expenses. By signing this form you agree that no unallowable costs, including undocumented expenses under \$75 are being charged to federal grants

SIGNATURE:

Date:

Reimbursee Permanent Legal Address:

Reimbursee Check Mailing Address, if different than Legal:

Preparer: _____ Phone: _____ Approver: _____
(PRINT) (SIGNATURE)

Reimbursee or Cardholder Name:

Web Voucher/PO#:

Departmental Accounting

The area below is for departments whose financial office requires this information for processing purposes.

This information will be captured in the Web Voucher System.

| Business Purpose# | Amount | Tub (3) | Org (5) | Object (4) | Fund (6) | Activity (6) | Sub (4) | Root (5) |
|-------------------|-----------|---------|---------|------------|----------|--------------|---------|----------|
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| | <u>\$</u> | | | | | | | |

ADDITIONAL BUSINESS PURPOSES OR INFORMATION

Date(s) of expense(s)

| | | |
|----|--|--|
| #6 | | |
| #7 | | |
| #8 | | |
| #9 | | |
| | | |
| | | |
| | | |

ADDITIONAL EXPENSES

| Business Purpose# | Description (date, detail, etc.) | Air/Rail Travel | Ground Trans | Lodging | Business Meals | Other | Total |
|-------------------|--|-----------------|--------------|---------|----------------|-------|-------|
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| | Subtotals, carry to first sheet | | | | | | |

Hints and policy notes:

1. You may attach an GE 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.
2. Please refer to the **Policy at a Glance** or the complete travel policy at www.travel.harvard.edu.
3. To expedite processing, contact the **Travel and Reimbursement Office (TRO)** at 495-7760 with policy questions prior to submitting this form.