### Travel Reimbursement Request

**Cornell University**

**Payment and Tax Services**

**Date** ____________

#### Payee Information

- **Last Name:** ____________________
- **First Name:** ____________________
- **Unit Name:** ____________________

**Relationship to Cornell (check one please):**

- Cornell Employee
- Cornell Student
- Other

**Please describe:** ____________________

**Campus Address:** ____________________

**Home Address:** ____________________

- **City/Town:** ____________________
- **State/Province:** ____________________
- **Country:** ____________________
- **Zip/Postal Code:** ____________________

**Business Purpose of Trip/Expenditure (required):** ____________________

**LEFT FROM** ____________________

- **Location:** ____________________
- **Date:** ____________

**ON** ____________________

- **Location:** ____________________
- **Date:** ____________

**TO** ____________________

- **Location:** ____________________
- **Date:** ____________

**HOME ON** ____________________

- **Location:** ____________________
- **Date:** ____________

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**Lodging**

(Room costs only, enter meals, incidentals and miscellaneous below)

- **Receive Method:** ____________________

**Meals**

- **Receipt Method:** ____________________

**Alcohol/Bar Costs (Business Meals & Receipt Method only)**

- **Hosted Business Meals:** ____________________

**Meals total** ____________________

**Transportation**

- **Airfare (including travel agent/booking service fees):** ____________________
- **Auto Rental & Gas:** ____________________
- **Tolls & Parking:** ____________________
- **Train, Bus, Taxi, Limo:** ____________________
- **Personal Auto:** ____________________

**Transportation total** ____________________

**Miscellaneous (please explain):** ____________________

**TOTAL EXPENSES** ____________________

**You must be currently enrolled in AP Direct Deposit to select this payment method for this reimbursement.**

**Sign up for AP Direct Deposit for future reimbursements.**

**Less advances**

- **Direct Deposit:** ____________________
- **Amount Due Payee:** ____________________
- **Amount Due Cornell:** ____________________
- **Advance Acct. #:** A ____________

**Total (must equal Total Expenses above):** ____________________

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**Payee Certification & Approvals**

I certify that these charges are accurate and that I am not claiming reimbursement from another source.

- **US Citizen**
- **Foreign National**

**Payee Signature** ____________________

**Date** ____________

**Prepared by:** ____________________

**E-mail** ____________________

**Ext**

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**Signature Authority Approval**

**Date** ____________

**Enter/Print Name** ____________________

**E-mail** ____________________

**Ext**