

# Student Travel Reimbursement Form

*To be Completed within 30 days of travel*

**Read and Complete all Requested Information---If completed incorrectly it will be returned to you delaying reimbursement:**

- **\*\*TAPE\*\* around the edges all four sides (being careful NOT to cover print w/ tape) --- (tape only)** of **\*\*itemized\*\*** receipts to one side of separate sheet(s) of plain/blank paper, in a displayed manner that corresponds to the order they are listed on the Expense Report--- Supplemental Schedule---number each receipt. All receipts must fit within 8 1/2 x 11 sheet(s). Use as many sheets as necessary so that all receipts are completely displayed---nothing folded or bent. Attach separate sheet(s) of receipts to this form. If the receipt is a full size (8 1/2 x 11) – no need to tape it to anything.
- Must also provide “proof of payment”--- shows “paid” on the receipt with last 4 digits of CC--- nothing owed on the receipt---proof of payments is last 4 digits of cc, cancelled check, credit card statement (with account number blacked out etc.)
- If you do not have **NON-PAYROLL** direct deposit, please request form from L. Majeroni
- **If missing any itemized receipt, traveler must list in detail the items purchased and initial.** When traveling in NY State, the University does not reimburse tax.

**Please fill out, sign, attach taped receipts and “Expense Report” and return to Jannica Moskal--- Registrar’s Office---slip all under door if not in. PLEASE PRINT CLEARLY and complete ALL requested Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

(Identify name of conference and Student Org)

Departed from \_\_\_\_\_ Date of Departure \_\_\_\_\_

Destination \_\_\_\_\_ Date of Return \_\_\_\_\_

(city/state)

Net ID: \_\_\_\_\_ Ph. # \_\_\_\_\_

- ☐ Hotel receipts included (if paid for others---provide names on receipt(s))
- ☐ Someone else paid for the hotel---Provide Name/NET ID \_\_\_\_\_
- ☐ No hotel---stayed with friends/family
- ☐ Transportation, i.e. air, bus, car, mileage, etc. receipts included (if paid for others---provide names on receipt(s) \_\_\_\_\_
- ☐ Someone else paid for transportation
  - ☐ Name and NET ID of person who paid \_\_\_\_\_
  - ☐ Transportation (Airfare or C2C Bus) was arranged by and direct billed to Law School

I received a “Cash Advance” ☐ NO ☐ YES. If “yes” list Amount: \_\_\_\_\_

I certify that the Student Travel Reimbursement Form contains accurate information and that I am not claiming reimbursement from other sources for the expenses reported. The attached does not contain any expenses which were included on a previous request for reimbursement or payment.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**LAW SCHOOL EXPENSE REPORT: SUPPLEMENTAL SCHEDULE**

Page \_\_\_\_\_ of \_\_\_\_\_

Date	Description of Expense	Receipt #	Notes	Transportation	Meals	Lodging	Taxi/Limo	Misc
	i.e. rental car, gas, lunch, etc.							

Subtotals This Page

**Totals All Pages**

Print Travelers Name: \_\_\_\_\_

e-mail: \_\_\_\_\_

Private Mileage (if applicable) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_