

*Other Expenses(Such as Alcohol, Attach additional sheet if necessary)		
Explanation	Account	Amount
Total "Other"		\$ -

Add "Other" Expense	\$0.00
Total Expense	\$0.00
Net Due to Employee or Student	\$0.00

Print Name (Claimant)	Signature (Claimant)	Phone Number	Date

Print Name (Dean or Dept Head)	Signature (Dean or Dept Head)	Phone Number	Date

APPROVER: My signature authorizes that I have performed the necessary review to validate the amount and type of payments as an appropriate business expense and that it conforms to all Yeshiva University Sponsored and Non-Sponsored guidelines.

Print Name (Requestor)	Email	Department/Phone #

Finance Review (Over \$5,000)

Accounts Payable Review	
Thomas Cannon - Director Of Procurement	
Banner Invoice Number	Date

**Send Completed Forms To: Attn: Accounts Payable
500 West 185th Street - Belfer Hall Rm 1013, New York NY 10033**