



# HARVARD UNIVERSITY UNIVERSAL EXPENSE FORM

**EMPLOYEE TYPE OR AFFILIATION**

- Harvard Employee
- Affiliate/Harvard Student/Casual/Stipend - *complete shaded areas*
- Invited Guest/Visitor - *complete shaded areas*

**PAYMENT TYPE (CHECK ONLY ONE)**

- Out of Pocket
- American Express Corporate Card

Date:	Reimbursee or Cardholder Name:	Web Voucher/PO#:
Social Sec/Tax ID#:	Harvard ID#:	US Citizen or Permanent Resident: ____ Yes ____ No Permanent Residents indicate 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

*Subtotals from page 2, if applicable:*

Less Advances: \$(     )

**EXPENSE REPORT TOTAL:**

\$

**TOTAL AMOUNT OF RECEIPTS UNDER \$75:**

\$

**REIMBURSEE: I certify that these are all legitimate Harvard University business expenses.**
**SIGNATURE:**
**Date:**

Reimbursee Permanent Legal Address:

Reimbursee Check Mailing Address, if different than Legal:

*I have reviewed these expenses and all are in accordance with University and Tub policy.*

 Preparer: \_\_\_\_\_ Phone: \_\_\_\_\_ Approver: \_\_\_\_\_  
 (PRINT) (SIGNATURE)

**HARVARD UNIVERSITY UNIVERSAL EXPENSE FORM – SUPPLEMENTAL INFORMATION PAGE \_\_\_\_ OF \_\_\_\_**

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)
	<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 Travel	Car Rental	Lodging	Meals	Other	Total
	<b>Subtotals, carry to first sheet</b>						

**Hints and policy notes:**

1. You may attach an AMEX 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](http://www.travel.harvard.edu).
3. To expedite processing, contact the Travel Office at 495-7760 with policy questions prior to submitting this form.