



UNIVERSAL EXPENSE FORM

Note: Receipts must be received within 30 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 (not available to students)
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, include person and/or organization visited, location, and business purpose).

Please TAPE all small receipts neatly to separate sheet(s) of paper. Loose receipts will NOT be accepted.

Date(s) of expense(s)

#1		
#2		
#3		
#4		
#5		

SUMMARY OF EXPENSES (In general, use one line per business trip and sum all items per category (Air, ground, lodging, etc.))

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. 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)