



UNIVERSAL EXPENSE FORM

Note: Receipts must be received by the TRO within 60 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
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 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. 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)

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/Rail Travel	Ground Trans	Lodging	Business Meals	Other	Total
	Subtotals, carry to first sheet						

Hints and policy notes:

1. You may attach an GE 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.
3. To expedite processing, contact the **Travel and Reimbursement Office (TRO)** at 495-7760 with policy questions prior to submitting this form.