

 $Universal\ Expense\ Form$  Note: Receipts must be received by the TRO within 60 days of the date expense incurred.

## **EMPLOYEE TYPE OR AFFILIATION**

PAYMENT TYPE (CHECK ALL THAT APPLY)

O Harvard Employee

O Out of Pocket

O Affiliate/Harvard Student/Casual/Stipend- Complete Non-Employee Section

O Corporate Card **R**eimbursement **M**ethod

O Invited	Guest/Visit	tor – Complete Non-Employee Section	Tellinguisement <b>m</b> etrica					
Date:			o Direct Deposit o Paper Check					
Harvard ID#:		Reimbursee or Cardholder Name:			Web Voucher/PO#:			
		Per If yo	manent Re	esidents - a US Citiz	en or Pern	t:Y Alien Card # nanent Resid Tax Residen		No vide:
Business	PURPOSE	(Detailed reason for expenditure. For tinclude expense date range. List add	ravel or enter	tainment, inc	lude person a on page 2.)	nd/or organizatio	n visited an	d location. Also
Date(s) of e	xpense(s)							
#2								
#3								
#4								
#5	or Ever	NOTO						
SUMMARY	OF EXPE	NSES (Room for additional expenses is	available on p T	page 2)		Business		
Business Purpose#	Description (date, detail, etc)		Air/Rail Travel	Ground Trans.	Lodging	Meals	Other	Total
		Subtotals from page 2, if applicable:						
	LESS ADVANCES						\$	
EXPENSE REPORT TOTAL:								\$
TOTAL A	MOUNT C	of Receipts under \$75	\$		<del>'</del>		<del>'</del>	
		tify that these are all legitimate Ha costs, including undocumented e						n you agree
SIGNATU		•			-	Date:		
		nent Legal Address:						
Reimburs	ee Check	Mailing Address, if different than	Legal:					

Preparer: \_\_\_\_\_\_(PRINT)