



# 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#:
<b>Non-Employees Complete This Section.</b>	<b>Social Sec/Tax ID#:</b>	<b>US Citizen or Permanent Resident:</b> _____ <b>Yes</b> _____ <b>No</b> <b>Permanent Residents - Resident Alien Card #</b> _____ <b>If you are not a US Citizen or Permanent Resident, provide:</b> <b>Visa Type:</b> _____ <b>Country of Tax Residency:</b> _____

**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
<i>Subtotals from page 2, if applicable:</i>							
<b>LESS ADVANCES</b>							\$
<b>EXPENSE REPORT TOTAL:</b>							\$
<b>TOTAL AMOUNT OF RECEIPTS UNDER \$75</b>		\$					

**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: \_\_\_\_\_ (PRINT) Phone: \_\_\_\_\_ Approver: \_\_\_\_\_ (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
	<b>Subtotals, carry to first sheet</b>						

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](http://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.