EXPENSE REIMBURSEMENT

NOTE: This form cannot be used for CUNY authorized travel expenses.
This form cannot be used for honoraria.

PLEASE *TYPE* ALL INFORMATION

SELECT: ◯ REIMBURSEMENT ◯ STIPEND

SEMESTER: ◯ FALL ◯ SPRING ◯ SUMMER 20_____

NAME: _____ _____ CUNYfirst (EMPL) ID: _____
(LAST NAME) (FIRST NAME)

RANK/TITLE: _____ OR ◯ CITYTECH STUDENT

DEPARTMENT/PROGRAM: _____ ON STATE PAYROLL: ◯ YES ◯ NO

CITYTECH EMAIL: _____ EXTENSION/PHONE: _____

PAYMENT DESCRIPTION: _____

Description	Cost
GRAND TOTAL	$ 0.00

COMMENTS:

BUDGET APPLICATION							
Department	Fund Code	Major Purpose	Operating Unit	Program Code	Fund Source	Special Initiatives	Amount to Be Applied

_____ _____
Signature of Requestor Date

_____ _____
Signature of Chairperson/Supervisor Date

RESET FORM