



EXPENSE REIMBURSEMENT

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	

COMMENTS:

ADMINISTRATIVE
USE ONLY

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