



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
- Corporate Card

Reimbursement Method

- Direct Deposit
- Paper Check

Date:

Harvard ID#:	Reimbursee or Cardholder Name:	Web Voucher/PO#:
		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
<i>Subtotals from page 2, if applicable:</i>							
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 a corporate card 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 www.travel.harvard.edu for the complete travel policy.
3. To expedite payment, please return completed form and required documentation to the financial office at the unit/school responsible for processing the electronic payment.