

Division of Financial Affairs

Travel Reimbursement Form

For Non-Employees, Students, or Other Payees

Cornell employees must use Concur to submit travel expense reports. Only submit this form for non-employees, students, or other payees. Any non-employee may sign up to receive reimbursements by <u>direct deposit</u>. Return this completed form to your business service center.

Part I: Payee Information				
Name		Email		
Home Address				
City	State	e	Provinc	e
Country		Zip/Postal Code		
Campus Address		Unit Name		
Relationship to Cornell O Non-	Employee 🔿 Student 🤇	Other (Please explain)		
Part II: Trip Information				
Business Purpose of Trip/Expe	nditure			
Departure Date	Departed From		Going To	
Return Date	Returned From		Returned To	
Part III: Expense Information	ion –			
Itemized receipts are required for travel less than 12 hours, meals for				ls, meals and expenses on single-day \$75.
Lodging	Lodging and associated _ Enter meals, parking, et	taxes/fees only. c., separately below.		Total Lodging
Meals	Method	Ber Diem <u>GSA Per</u>	Diem Rates	
Alcohol	_			
Group/Business/Hosted Meals	P	Provide attendee information pusiness purpose for each m	i and a ieal, on page 3	Total Meals
Airfare				
Car Rental/Gas	-			
Tolls/Parking	-			
Other Transportation	Train, bus, taxi, etc. Receipts required for ro	und trips over \$75.		
Personal Mileage		Total Mileage	[Total Transportation
	Mileage Rates			

Part III: Expense Information, continued											
Other (Explain)											
Total Expenses											
Total Advances	This amount is subtracted from total expenses.	Advances Account#	-1400								
Amount Due Payee											
Amount Due Cornell											
Part IV: Payment Informat	ion										

How will t	this p	payment	be	disbursed	to	the	paye	e?
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O Direct Deposit*

*To receive payment by direct deposit, you must <u>enroll in direct deposit for</u> <u>reimbursements</u>. If you aren't sure whether you've already signed up, contact your business service center.

 \bigcirc Campus mail to address above

○ U.S. Mail to home address above

Part V: Account Distribution

Enter the account distribution for each account. The total must equal the amount in the Total Expenses in section III above.

Account	Sub- Account	Object	Sub- Object	Project	Org Ref ID	Amount					
	Total Distribution										

Part VI: Payee Certification and Approvals

I certify that these charges are accurate and that I am not claim	ing reimbursement from another source.	
		Date
Payee Signature		
		Date
Authorized Payment Approver		
Prepared By	Email	Phone

e total an	nount of all meals n	nust match the total in G	roup/Business/Hosted Me	als on page 1.	
Date	Guest Name	Guest Affiliation	Meal Location	Business Purpose	Amoun
		I		Total Business Meals	

Supplemental: Expense Worksheet

Use this table to document the daily per diem rate for each location. The per diem for the first and last days of travel is limited to 75% of the daily rate.

Date	Travel From Location	Travel To Location	Per Diem Daily Rate

GSA Per Diem Rates

Lodging

Include only room costs and associated taxes and fees. Document mails and incidental expenses in those sections below. The total of lodging must match the Total Lodging amount reported on page 1.

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Total

Meals

You must use the same documentation method for the whole trip (either per diem or receipts). If submitting receipts, include tips. For per diem, deduct per diems for meals provided by another means (e.g., conferences or group/business/hosted meals, etc.). For group, business, or hosted meals, you must complete the business meals details on page 3 and provide detailed receipts. The total of meals must match the Total Meals amount reported on page 1.

Method () Receipts () Per Diem

| Day 1 | Day 2 | Day 3 | Day 4

 | Day 5 | Day 6

 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12
 | Day 13 | Day 14 | Total |
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| | Day 1 | Day 1 Day 2 | Day 1Day 2Day 3Image: Day 2Image: Day 3Image: Day 3 <tdimage: 3<="" day="" td=""><td>Day 1Day 2Day 3Day 4Image: Day 3Image: Day 3Image: Day 4Image: Day 4Image: Day 4</td><td>Day 1Day 2Day 3Day 4Day 5Image: Day 3Day 4Image: Day 5Image: Day 3Image: Day 5Image: Day 3Image: Day 3<td< td=""><td>Day 1Day 2Day 3Day 4Day 5Day 6Image: Second stress stres</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Image: Second strain strai</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Image: Second stress stres</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Image: Strain Strai</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Image: Second stress stre</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Image: Strain Str</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Day 12Image: Strain St</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Day 12Day 13Image: Constraint of the constraint</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Day 12Day 13Day 14Image: Strain Strain</td></td<></td></tdimage:> | Day 1Day 2Day 3Day 4Image: Day 3Image: Day 3Image: Day 4Image: Day 4Image: Day 4 | Day 1Day 2Day 3Day 4Day 5Image: Day 3Day 4Image: Day 5Image: Day 3Image: Day 5Image: Day 3Image: Day 3 <td< td=""><td>Day 1Day 2Day 3Day 4Day 5Day 6Image: Second stress stres</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Image: Second strain strai</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Image: Second stress stres</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Image: Strain Strai</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Image: Second stress stre</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Image: Strain Str</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Day 12Image: Strain St</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Day 12Day 13Image: Constraint of the constraint</td><td>Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Day 12Day 13Day 14Image: Strain Strain</td></td<> | Day 1Day 2Day 3Day 4Day 5Day 6Image: Second stress stres | Day 1Day 2Day 3Day 4Day 5Day 6Day 7Image: Second strain strai | Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Image: Second stress stres | Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Image: Strain Strai | Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Image: Second stress stre | Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Image: Strain Str | Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Day 12Image: Strain St | Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Day 12Day 13Image: Constraint of the constraint | Day 1Day 2Day 3Day 4Day 5Day 6Day 7Day 8Day 9Day 10Day 11Day 12Day 13Day 14Image: Strain |

Supplemental: Expense Worksheet, continued

Transportation

Itemized receipts are required for airfare, transportation rentals, and commercial transportation (such as trains, buses, boats, etc.) if the round-trip cost exceeds \$75. Receipts are not required for other transportation expenses less than \$75. The total transportation must match the Total Transportation amount reported on page 1.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day	Day 1	0 Day 1	1 Day 1	2 Day 1	I3 Day 14	Total
Airfare/ Service Fees															
Rental Car															
Rental Car Gas															
Train, Bus, Taxi, etc.															
Tolls and Parking															
Totals															
Persona	Personal Mileage X IRS Rate = Total Mileage Total Transportation														
Mileage Rates Other Expenses															
Receipts are required for expenses over \$75. The total other expenses must match the Other amount reported on page 2.															
	Day 1	Day 2	2 Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Total
Telephon Fax	ne/														
Conferen /Semina Fees															
Other: Explain below															
Other: Explain Below	n														
Other: Explain Below	n														
Totals															
Explain	Other Ex	xpenses	Included	l in the T	Table Ab	ove.									
Total	Expens	es													
Total exp	enses m	ust matcl	h the Tota	I Expens	ses amou	int repor	ted on p	age 2. T	ne Day	1 calcula	tion inclu	des milea	age.		
Day 1	Day 2	Day 3	Day 4	Day 5	Day	6 Day	7 Da	iy 8 D	ay 9	Day 10	Day 11	Day 12	Day 13	Day 14	Total Expenses