

Procedures Regarding Purchases, Payment or Reimbursement¹

PROGRAM ACTIVITIES

Budget allocations in this category provide funds for honoraria and/or travel for colloquium speakers/lecturers and for refreshments for colloquium receptions. Both tax-levy² and discretionary³ funds are used for program activities. Payment and reimbursement procedures in these various categories are outlined below. Please submit all reimbursement requests as expenses are incurred.

HONORARIA

[U. S. Residents]

Use form [GD-5 Honoraria/Independent Contractor Service Claim](#) for payment of professional services in such events as seminars, lectures, and colloquia by participants who are U.S. residents. A completed [State of New York Standard Voucher](#) and a [Determination of Residency Status for Tax Purposes](#) must accompany the GD-5 form, along with an announcement, a flyer or an invitation describing the event. Honoraria payments are deducted from your program activities allocations. Please do not use a Payment Request form to request an honorarium payment.

[Nonresident Foreign Speakers]

In addition to the [GD-5 Honoraria/Independent Contractor Service Claim](#), the [State of New York Standard Voucher](#), and the [Determination of Residency Status for Tax Purposes](#), a nonresident foreign speaker must also complete a [Tax Compliance Notification Sheet](#); the Executive Officer, in turn, will complete and sign a [Nonresident Alien Visitor-Honorarium Payment](#) and a [Nonresident Alien Visitor-Honorarium Payment Payroll Transmittal Form](#). When completed, forward all the nonresident foreign speaker's forms to Margarita Nasr in the Provost's Office, who will forward them to the Business Office as soon as they have been registered and checked for completeness. Once the Business Office receives all the forms, the nonresident foreign speaker will receive a user ID and a password from support@online-tax.net,

¹ For your convenience, all forms mentioned in this document are linked to the Adobe PDF writable version on the Provost's website. Click on the link to access the form. Each form can be completed online or can be downloaded and completed when necessary. Move from field to field by pressing the <tab>key.

² Funds provided to The Graduate Center from the New York State Tax-Levy Budget.

³ Funds from the overhead recovery account at the Research Foundation.

which must be used to access the GLACIER Online Tax Compliance System. After completing an Individual Record, the foreign speaker will be prompted to print a Tax Summary Report and a list of supporting documents. These documents must be faxed to the Nonresident Alien Tax Specialist, Ms. Angella Bowley, at 212-817-1636. Please note that all honoraria payments made to a nonresident alien are subject to income withholding, unless specifically exempted by U.S. tax law or income treaty. If you have further questions regarding these procedures, you should contact Ms. Bowley at 212-817-7668 or abolley@gc.cuny.edu.

In lieu of an honorarium, it may be possible to provide a reimbursement for travel and/or meal expenses up to the amount of the intended honorarium. Original receipts must be submitted. [See the procedures for travel reimbursement of non-CUNY faculty and out-of-pocket expenses below.]

TRAVEL

[Non-CUNY Faculty]

When a lecturer or colloquium speaker is allowed an honorarium as well as a reimbursement of travel expenses, a [GD-5 Honoraria/Independent Contractor Service Claim](#) and a [GD-11 Expense Sheet](#) must to be submitted separately. Each must be accompanied by a [State of New York Standard Voucher](#) and a [Determination of Residency Status for Tax Purposes](#). Include a flyer, announcement, or invitation describing the event. These travel expenditures are deducted from your program activities allocations.

Candidates invited to interview for faculty positions may be reimbursed for travel expenses. Please use a [GD-11 Expense Sheet](#), a [State of New York Standard Voucher](#), and a [Determination of Residency Status for Tax Purposes](#). Original receipts for travel expenses must accompany the GD-11. Tape all receipts neatly to an 8½" x 11" sheet of paper. Include a copy of the Personnel Vacancy Notice (PVN) for the position.

[CUNY Faculty]

Eligible Executive Officers and faculty whose appointments are at The Graduate Center may be reimbursed for professional travel. The current maximum for the academic year is \$500. In order to receive the reimbursement, the faculty member or eligible Executive Officer must identify her/his affiliation as "The Graduate Center, CUNY" on all materials associated with the conference. If s/he is also appointed at another campus, both affiliations must be included.

To request reimbursement, the eligible faculty member should complete an [Application for Travel Allowance](#). Upon approval, s/he will be sent a travel application information sheet, a [State of New York Travel Voucher](#), and a [State of New York Statement of Automobile Travel](#), if applicable. Please be aware that New York State requires a written justification for the use of a personal automobile.

The eligible faculty member should fill out the travel form and forward it to the Office of the Provost no more than 7 days after the trip has been completed. S/he must include a xerox copy of the cover page of the conference program and the page listing the faculty member's participation. Original receipts and appropriate documentation must accompany the form. All receipts should be taped neatly to an 8½" x 11" sheet of paper.

Note: Some CUNY faculty with research grants may have travel funds provided to them through their grants. These funds are approved by the Principal Investigator of the grant, and reimbursement must be requested under Research Foundation guidelines.

REIMBURSEMENT FOR REFRESHMENTS

Reimbursements for refreshments are paid through either discretionary or tax-levy funds and are deducted (except for site visits or faculty recruitment) from program activities allocations. Submit all requests for reimbursement directly to the Office of the Provost.

[Restaurant Associates]

The Business Office submits invoices from Restaurant Associates to New York State for payment. Please complete a Graduate Center [Purchase Requisition](#) to request payment. Indicate on the requisition the Restaurant Associates invoice number and the date and type of function for which Restaurant Associates provided services. Attach an announcement, flyer or invitation describing the event and a printed list of persons who attended the function. Send the complete [Purchase Requisition](#) and supporting documentation to the Office of the Provost for approval.

[Reimbursement for Refreshments/Hospitality]

Reimbursements for refreshments relating to program activities (other than those provided by Restaurant Associates) may also be requested. Complete a [Payment Request](#)⁴ form and submit the request to the Office of the Provost. Include an announcement, flyer, or invitation describing the event and an itemized list of expenditures. If the request is for a recruitment expense, include a copy of the Personnel Vacancy Notice (PVN). If the request is for a luncheon or a dinner expense, indicate the number of persons who attended the function. Include all original receipts taped neatly to an 8½" x 11" sheet of paper.

⁴ The Payment Request form in this packet replaces any previous version you may now have. Funds for these payments will be disbursed through the office of Ms. Althea H. Harewood, Director of Finance for Graduate Center-Related Entities. The form has been coded accordingly and must be used for reimbursements as indicated above.

OTHER OUT-OF-POCKET EXPENSES

[Program Activities]

Complete a [Payment Request](#). Attach an itemized list of expenditures (with original receipts taped neatly to an 8½" x 11" sheet of paper) and an announcement, flyer, or invitation describing the event. If the request is for a luncheon or a dinner expense, include the number of persons who attended the function.

[Other]

For out-of-pocket reimbursement of office supplies or similar expenses, complete either a [Petty Cash Reimbursement Request](#) form (for a total reimbursement amount of \$50.00 or less) or a [Personal Reimbursement Request](#) form (for total reimbursement of more than \$50.00). Sales tax will not be reimbursed. You should obtain a tax exemption form from the Business Office prior to making these purchases.

OTPS PURCHASES AND INVOICE PAYMENTS

The purchase of supplies (other than from Central Stores [copier paper and inter-college envelopes only] and the Staples system), equipment, and the payment of invoices for membership dues for professional organizations, advertisements, subscriptions, and other such items require the completion of a [Purchase Requisition](#) that is approved by the Executive Officer, department head, or other authorized person.

Those programs without an allocation for OTPS equipment and supplies should forward their requisition to the Office of the Provost for approval. Programs/departments with an allocation for OTPS equipment and supplies, should forward requisitions with vendor invoices ready for payment directly to Accounts Payable in the Business Office; requisitions for orders for equipment and supplies that need to be placed with a vendor should be directed to the Purchasing Department.

The Purchasing Department will prepare a Purchase Order and forward to the program both a Receiving Report and a Departmental Copy of the order. (a) The Receiving Report for equipment and supplies must be signed, dated, and returned to Accounts Payable upon receipt of the merchandise (packing slips and/or invoices should be included). (b) If prepayment is required for an order, you will need to provide a "Pro Forma" invoice from the vendor and a purchase requisition to the Purchasing Department where a check will be prepared and sent with the order. [See Purchasing Office Guidelines for deadline dates and other specific details.]

For further information regarding program payments or reimbursements, contact Margarita Nasr (212-817-7238).

APPENDIX A

FORMS



HONORARIA/INDEPENDENT CONTRACTOR SERVICE CLAIM

I. PAY TO (PLEASE PRINT):

PAYEE FIRST NAME	PAYEE LAST NAME
HOME ADDRESS	ADDRESS
CITY, STATE, ZIP	TELEPHONE NUMBER
PAYEE SOCIAL SECURITY NUMBER	FAX NUMBER
ORGANIZATION NAME TO BE CHARGED	ORG NUMBER

II. DESCRIPTION OF SERVICES

--

III. DATES OF SERVICES

FROM	TO
FROM	TO

IV. PAYMENT AMOUNT

1. **SERVICES COMPLETE A OR B (Include Invoice, State Voucher and Tax Determination Form)**

A.	Contract Fee	_____
B.	Rate per hour/ day _____ X hours/days _____	\$ _____
	Total	\$ _____

V. PAYEE CERTIFICATION- PLEASE CHECK BELOW

I certify that the above services have been performed and that the reimbursement claimed is a true and accurate representation. I further certify that I am ___ or I am not ___ currently on the NYS payroll.

SIGNATURE	DATE
-----------	------

VI. DEPARTMENT AUTHORIZATION

I certify that the above services have been performed, that the reimbursement claimed is true and accurate, and that the charges are authorized against the account number listed above.

AUTHORIZED SIGNATURE OF EXECUTIVE OFFICER/DEPARTMENT HEAD	DATE
PRINT NAME	TELEPHONE NUMBER
AUTHORIZED SIGNATURE OF PROVOST	DATE
PRINT NAME	TELEPHONE NUMBER

STATE OF
NEW YORK

STANDARD VOUCHER FOR CUNY

Voucher No

1 Originating Agency		Orig. Agency Code 70090	Interest Eligible (Y/N) Y	2 P-Contract
Payment Date (MM) (DD) (YY)		Check Date (MM) (DD) (YY)		Liability Date (MM) (DD) (YY)
3 Payee ID	Additional	Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces)			1099 Code	Merch/Inv. Rec'd Date (MM/DD/YY) / /
Payee Name (Limit to 30 spaces)			Statistic Type	Statistic
Address (Limit to 30 spaces)			6 Ref/Inv No. (Limit to 20 spaces)	
Address (Limit to 30 spaces)			Ref/Inv Date (MM) (DD) (YY) / /	
City (Limit to 20 spaces)		(Limit to 2 spaces) → State	Zip Code	

7 Purchase Order No and Date	Description of Material/Service—If items are too numerous to be incorporated into the block below, use form AC 93 and carry total forward	Quantity	Unit	Price	Amount

8 Payee Certification			Total
I certify that the above bill is just, true and correct, that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded → Payee's Signature in Ink _____ Title _____ _____ Date _____ Name of Company _____			Discount
			%
			Net

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT		
Merchandise Received	I certify that this voucher is correct and just, and payment is approved			Verified	Certified For Payment of Net Amount	
Date	Authorized Signature BUSINESS MANAGER					
Page No	Date	Title		Audited	By _____	
By	Special Approval (as required)					

Expenditure							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum.		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
70		1A						70090		1	
Liability Date		From		Date	TR	Subledger		Optional			
(MM) (DD) (YY)		(MM) (DD)		(DD)							

Expenditure							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum.		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date		From		Date	TR	Subledger		Optional			
(MM) (DD) (YY)		(MM) (DD)		(DD)							



The Graduate Center of The City University of New York
Determination of Residency Status for Tax Purposes

Personal Information

Name
Payee E-mail Address
Current Mailing Address in the United States
Current Mailing Address in Home Country
Tax Identification Number (Social Security Number or Individual Taxpayer Identification number)

Status Information

- I am a United States Citizen
- I am a United States Permanent Resident (provide a copy of your green card)
- I am a Temporary Resident (Non Resident Alien in the United States)

**Certification of B1 & B2 Visa Holder
VWB & VWT Visa Waiver**

- The services performed at the Graduate Center for ____ days.
- I have not accepted any payments from more than 5 institutions for similar work performed.

I certify that to the best of my knowledge, the information on this form is true and correct

Signature

Date

Accounts Payable

Payroll



The Graduate Center of The City University of New York
Tax Compliance Notification Sheet (Accounts Payable)

The Internal Revenue Service ("IRS"), the U.S. government tax authority, has issued strict regulations regarding the taxation and reporting of payments made to both U.S. and non-U.S. citizens. As a result, The City University of New York ("CUNY") may be required to withhold U.S. income tax and file reports with the IRS in connection with payments made to you by CUNY.

U.S. Citizens and Permanent Resident Aliens:

Please complete the attached Form W-9 (Request for Taxpayer Identification Number). Return the completed Form W-9 to CUNY Representative who provided this document to you. Do not complete any other information on this form.

Non-U.S. Citizens and Non-U.S. Permanent Resident Aliens:

All individuals who are not citizens or permanent resident aliens of the United States are required to complete an Individual Record using the **GLACIER** Online Tax Compliance System. Please complete the information below to receive a password and instructions on how to access **GLACIER**. **An e-mail will be sent to you from support@online-tax.net; you must follow the directions in the email as soon as you receive it.** If you do not receive the password or if you do not have access to the Internet, please contact the Nonresident Alien Tax Specialist. **DO NOT complete a Form W-9.**

GLACIER is accessible via the Internet from any web-accessible computer from anywhere in the world. When you receive your password and instructions, please complete the information in **GLACIER** immediately. **GLACIER** is simple and convenient to use; however if you need assistance, please contact the Nonresident Alien Tax Specialist. Payment will not be made until all required information is entered into **GLACIER** and all forms are submitted for processing.

Please note that a consultant or guest speaker is responsible for entering the U.S. under a visa or visa waiver that allows payment for services, including honoraria or guest speaker fees, (if applicable) and/or reimbursement for travel (if applicable). If already present in the U.S., appropriate permission must be received from host institution prior to coming to CUNY.

The Nonresident Alien Tax Specialist, Accounts Payable located at:

Graduate Center - CUNY
Ms Angella Bowley - Room 8401
365 Fifth Avenue
New York, N.Y. 10016
Telephone: (212) 817-7668
Email: ABowley@gc.cuny.edu

I declare that I have been notified of my requirement to complete certain information in **GLACIER**. I understand that a Password and instructions for access to **GLACIER** will be sent to me via email within several days.

Non U.S. Citizen/Permanent Resident Alien **First Name**

Non U.S. Citizen/Permanent Resident Alien **Last Name**

Signature

Date

Email

Phone Number

Independent Contractor’s Last Name: _____ First Name: _____

SSN / ITIN: _____

U.S. Address: _____ Foreign Address: _____

City, State, Zip Code: _____ City, State, Zip Code: _____

Description of services: <input type="checkbox"/> Lecture <input type="checkbox"/> Presentation <input type="checkbox"/> Consulting <input type="checkbox"/> Other
Dates of Services: (not to exceed 9 days): 1. From: ____ / ____ / _____ to: ____ / ____ / _____ 2. From: ____ / ____ / _____ to: ____ / ____ / _____ Date Services Completed: ____ / ____ / _____ Faxed completed Tax Compliance Notification Sheet to Nonresident Alien Tax Specialist on : ____ / ____ / _____. I Certify to the best of my knowledge that the above information is correct and that the services have been performed. Department Name: _____ Phone: _____ Authorized Signature: _____ Date: : ____ / ____ / _____ Print Name: _____ Title: _____

Payment authorization to be completed by the Business Manager or designee:
<input type="checkbox"/> Contractor has completed an Individual record using Glacier Online Tax Compliance System, copy of Tax Summary Report and all applicable tax forms as necessary attached. <input type="checkbox"/> Contractor certifies compliance with 9/5/6 requirements, copy of GLACIER attestation attached. <input type="checkbox"/> Does not constitute an employee/employer relationship. Worker should be paid as NRA Visitor – Honorarium. <input type="checkbox"/> Does constitute an employee/employer relationship. Worker should be paid as an employee.
Gross amount to be paid to Nonresident Alien: _____ \$ <i>Gross = Net Amt / (1 - Ratio) Example: 100 Net at 30%; Gross = 100 / (1-30%)</i>
Authorized Signature: _____ Date: : ____ / ____ / _____
Print Name: _____ Title: _____
College: _____

Payroll:
Process Date: ____ / ____ / _____ Check date: ____ / ____ / _____ By (initials): _____



Nonresident Alien Visitor - Honorarium Payment Employee vs Independent Contractor Worker Status Determination & Approval of Claim for Payment of Services Performed

The following checklist is to assist in the determination between an employee and an independent contractor. Federal and State regulations assume all services are provided by employees and places the burden of proof on the employer to show that an independent contractor relationship exists. A nonresident alien who meets the independent contractor worker status determination and follows the 9/5/6 rule should be paid as a Visitor - Honorarium (9 Days - Limit of number of days at any single institution; 5 institutions – Limit of number of institutions that can pay honoraria; 6 Months - Limit of time period within to receive honoraria).

Independent Contractor's Last Name		First Name		SSN / ITIN #	
U.S. Address:			Foreign Address:		
City, State, Zip Code			City, State, Country, Postal Code		

Answering "YES" indicates an independent contractor. Answering "NO" to any of the following questions, strongly suggests an employee/employer relationship. **The independent contractor to perform services:**

1. is engaged in an independently established trade, occupation, profession or business that makes the same services available to other clients and businesses on a regular or consistent basis	YES () NO ()
2. is not a current employee of CUNY; and was not an employee in the last six months providing a related service	YES () NO ()
3. is providing services that are not similar to those currently being provided or that cannot be provided by any CUNY employee(s)	YES () NO ()
4. is providing services, that are not performed on a full time, regularly occurring or continuing basis at CUNY	YES () NO ()
5. is free from CUNY control or direction in the performance of the service. CUNY has the right to control only the outcome, while the individual will be responsible for determining the means and methods used to perform services.	YES () NO ()
6. is paid on the basis of a completed project	YES () NO ()
7. will set priorities on the amount of effort and hours of work to accomplish the required services within a stated time frame.	YES () NO ()
8. is responsible for furnishing the knowledge, supplies, equipment and/or tools necessary to perform the service, and entitled to the resulting profit or loss	YES () NO ()
9. will receive no training, supervision, or instruction from the University, other than conveying the scope of services desired	YES () NO ()

Description of Services: Lecture Presentation Consulting Other

Date of Services (Not to exceed 9 days) Date Services Completed
 From _____ To: _____ / From _____ To: _____

Faxed completed Tax Compliance Notification Sheet to Nonresident Alien Tax Specialist on: _____
 I certify to the best of my knowledge that the above information is correct and that the services have been performed.

Department		Phone #		Date	
Title		Print Name		Authorized Signature	

Payment authorization to be completed by Business Manager or Designer

- () Contractor has completed an Individual Record using the GLACIER Online Tax Compliance System, copy of Tax Summary Report and all applicable tax forms as necessary, attached.
- () Contractor certifies compliance with 9/5/06 requirements, copy of GLACIER attestation attached.
- () Does not constitute employee/ employer relationship. Worker should be paid as a Nonresident Alien Visitor - Honorarium
- () Does constitute an employee/employer relationship. Worker should be paid as an employee.

Authorized Signature:	Date:	
Print Name:	Title:	College:

DATE OF TRIP _____
 PLACE _____
 Purpose of Trip _____

 Name

 Social Security Number

 Home Address

 City/State/Zip Code

TRANSPORTATION:

FROM	TO	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TAXIS/CARFAR (INCL.TIPS):

FROM	TO	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

LOGING (GIVE DATES):

FROM _____ TO _____ FROM _____ TO _____ <p style="text-align: center;">_____ NIGHT(S) AT \$ _____ /NIGHT</p>	\$ _____ \$ _____
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MEALS

DATE	BREAKFAST	LUNCH	DINNER	
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL AMOUNT DUE:

\$ _____

Payee Signature	Date
Signature – Executive Officer	Date
Signature – Provost	Date

_____ ORGANIZATION TO BE CHARGED

Application for Travel Allowance

Important Note

In order to receive a Graduate Center reimbursement, you must identify your affiliation as "The Graduate Center, CUNY" on all materials associated with the conference. If you are also appointed at another campus, both affiliations should be included.

Name of Applicant: _____ Telephone Ext.: _____ Soc. Sec. No.: _____

Title: _____ Program or Department: _____

1. Specific purpose of trip:

2. Dates of travel - From: _____ To: _____

Destination: _____

Type of transportation: _____

3. Amount requested for transportation (**When making reservations, ask for the Government Rate - NYS**): _____ \$

Airplane or Railroad: Support travel by **original plane or railroad ticket**. **Auto:** The total of this item will be figured at 48.5 ¢ per mile. **Toll and parking** charges will be reimbursed, within NYS guidelines, upon presentation of **receipts**. **A Statement of Automobile Travel** (Form AC-160) **must be submitted with the voucher along with a written justification for use of personal vehicle**.

4. Amount requested for subsistence, if any (**When making room reservations*, ask for the Government Rate - NYS**): _____ \$

Method I — Hotel room shall not exceed \$36.00 per day. Meals shall not exceed \$14.00 per day (not to include lunch). Total room and meals shall not exceed \$50.00 per day (including taxes and tips) in an out-of-town location. **Receipts** for the cost of the room **must be presented** with the voucher after your return.

Method II — **All** receipts for the cost of both **room and meals** (excluding lunches) must be presented with the voucher after your return. Maximum reimbursement for lodging and meals (including taxes and tips) **depends upon destination**.

For: _____ maximum **per day** for lodging \$ _____ & meals \$ _____ = \$ _____ Max. per diem.
(destination) (daily allowance for breakfast \$_____, for dinner \$_____)

***NOTE: "Express Check-Out" receipts for hotel charges may NOT be submitted for reimbursement. You must request a final bill be given or sent to you which shows a \$0.00 balance and method of payment.**

5. Amount requested for registration fee at meeting _____ \$

(Original Receipt or copy, front and back, of cancelled check is required.)

6. Total amount requested: _____ \$

New York State requires verification of meetings/conferences. A copy of printed material indicating location and dates must be submitted with the completed voucher.

Signature of traveler: _____ Date: _____

APPROVAL OF SUPERVISOR OR HEAD OF DEPARTMENT OR PROGRAM

In my judgment it will be beneficial to the University for the applicant to undertake the trip above stated.

Signature _____ Date: _____

APPROVAL OF PROVOST OR VICE PRESIDENT

Please forward this form to the respective Provost or Vice-President. If approved, the applicant will be furnished with voucher form to be submitted to the Provost's Office of The Graduate School and University Center upon return.

Approved _____ Amount \$ _____
 Not Approved

Signature: _____ Date: _____

FY _____

NYS

Other

STATE OF NEW YORK

TRAVEL VOUCHER

Voucher No.

227

1 Originating Agency The Graduate School of CUNY			Orig. Agency Code 70090		Interest Eligible (Y/N) N		
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /			
2 Payee ID		Additional	Zip Code		Route A	Payee Amount	
3 Payee Name (Last)			(FI)	(MI)	(Suffix)	IRS Code	IRS Amount
Agency Use Only				Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
4 Negotiating Unit	5 Travel Advance	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Continuous <input type="checkbox"/>	Ref/Inv. No. (Limit to 14 additional spaces) TRAVEL		
6 Destination (Include County)				Amount: \$	Ref/Inv. Date (MM) (DD) (YY) / /		
7 Purpose of Travel:							

8 Date and Time of Departure:		AM	PM	9 Date and Time of Return:		AM	PM	10 Mode of Transportation:			
11 Transportation Request Used: No <input type="checkbox"/> Yes <input type="checkbox"/>				12 Lodging Request Used: No <input type="checkbox"/> Yes <input type="checkbox"/>							
#	#	#	#	#	#	#	#				

13 Transportation Expense:		Sub Vo. No.	AMOUNT
14 Per Diem Allowance			
_____ Days @ \$ _____ per day = \$ _____ Total - \$ _____ Amount of Lodging Request			
_____ Days @ \$ _____ per day = \$ _____ Total - \$ _____ Amount of Lodging Request			
15 Meals Only:			
_____ Breakfasts @ \$ _____ + _____ Dinners @ \$ _____			
_____ Breakfasts @ \$ _____ + _____ Dinners @ \$ _____			
16 Miscellaneous Expenses/Explanations:			
17 Total Mileage from attached AC 160: _____ miles @ _____ c per mile			

PAYEE'S CERTIFICATION

I hereby certify that the above account and schedules annexed are just, true and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

Official Station _____ Signature _____ Official Title _____

Home Address _____

City _____ Dated _____

VOUCHER TOTAL

STATE COMPTROLLER'S PRE-AUDIT

Verified _____

Certified for Payment of the Total Amount

By _____

For Agency Finance Office Use Only
I certify that this claim is correct and just, and payment is approved

By _____

Authorized Signature

Title _____ Date _____

SUPERVISOR'S CERTIFICATION

I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties

Signature of Supervisor _____ Title _____ Date _____

Expenditure					Liquidation			
Dept.	Cost Center Code	Object	Accum	Amount	Orig. Agency	PO/Contract	Line	F/P
	Unit		Dept.					
70	22	1A	54910					

Liability Date (MM) (DD) (YY) / /		From (MM) / (DD)		Date (MM) (DD)	TR	Subledger	Optional
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STATE OF NEW YORK
STATEMENT OF AUTOMOBILE TRAVEL
(Submit with travel expense voucher)

Sub-voucher No. _____

(Department, Commission or Other Agency)

PAYEE: _____

Sheet No. _____

Date	Between What Points		Meals Only*	Hour of Departure		Hour of Arrival		Miles Traveled
	From	To		A.M.	P.M.	A.M.	P.M.	
Total Miles								

*Enter meals not included in per diem; B for breakfast, D for dinner.

I hereby certify that the travel indicated was necessary and on official business of the state.

Signature of Traveler

PAYMENT REQUEST

Check No. _____

Date : _____

Bank: **FB**

FUND : **119987** DESCRIPTION: **Provost**

MANAGER: **Robert Nival**

AMOUNT : _____

Banner I.D. _____

PAYEE NAME : _____

ADDRESS : _____

CITY : _____ STATE : _____ ZIP : _____

SOCIAL SECURITY NUMBER OR FEDERAL ID (REQUIRED) _____

- 731871 SCHOLARSHIP/FELLOWSHIP FOR THE MONTH OF _____ (Tuition)
INCLUDE SCHOLARSHIP CERTIFICATION FORM
 - 731559 SCHOLARSHIP/FELLOWSHIP FOR THE MONTH OF _____ (Non-Tuition)
INCLUDE SCHOLARSHIP CERTIFICATION FORM *Non Service Connected*
 - 714401 CONSULTANT - UNDER \$1,000 (Non-CUNY Employees Only)
INCLUDE MEMO OF UNDERSTANDING AND INVOICE
 - 714401 CONTRACTUAL AGREEMENT - \$1,000 and over (Non-CUNY Employees Only)
INCLUDE INVOICE (AGREEMENT FORM MUST BE ON FILE)
 - 714480 HONORARIUM (Non-CUNY Employees Only)
INCLUDE GD-5 FORM AND COPY OF FLYER OR ANNOUNCEMENT *Business Office
Check here
for 1099*
 - OTHER: _____
INCLUDE ORIGINAL VENDOR INVOICE
 - REIMBURSE OUT OF POCKET EXPENSE
PLEASE DETAIL BELOW AND ATTACH ORIGINAL RECEIPTS
- | | | | |
|------------------------|----------|--------------------|----------|
| 711440 LOCAL TRAVEL | \$ _____ | 712410 POSTAGE | \$ _____ |
| 712200 SUPPLIES | \$ _____ | 712203 HOSPITALITY | \$ _____ |
| OTHER (PLEASE EXPLAIN) | \$ _____ | | |

- 731311 Salary and Fringe Benefits for: _____
- 731315 Salary and Fringe Benefits for Student: _____

With my signature below, I certify that this request for payment is for College related business, and is in compliance with any outside restrictions of this fund.

REQUEST APPROVED BY: _____ Telephone : _____

Check Should Be Mailed Check Will Be Picked Up

Please do not call. Check processing takes three (3) to five (5) days.

For Business Office Use Only

COA : F Fund : 119987 Orgn : _____ Acct : _____ Prog : 211054

Bank: **FB**



The Graduate Center, CUNY
Business Office

PETTY CASH REIMBURSEMENT REQUEST

DATE _____

PAYEE _____ DEPARTMENT _____ EXT _____

ITEM PURCHASED _____

REASON FOR PURCHASE

AMOUNT \$ _____ SUPERVISORS APPROVAL _____

Original receipts must be submitted
Taxes are not a reimbursable item

PAYMENT RECIEVED _____

ATTACH RECIEPTS IF ANY. (BELOW)

FOR BUSINESS OFFICE USE ONLY											
COA:	T	FUND:	112017	ORGN:	182184	ACCT:	181400	PROG:	226054	ACCT:	_____
STATE CODE:	70	COST CENTER	_____	1A YR	_____	OBJECT:	_____	FAS:	_____		

TO BE USED FOR CASH BELOW \$50.00



**The Graduate Center the City University of New York
Business Office/Accounts Payable**

**Personal Reimbursement Request
Tax Levy Funds Only**

Date _____

Social Security Number _____

Program _____

Telephone _____

PAYEE: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

BANNER ID: _____ Invoice: _____

DATE	TYPE OF EXPENSE	ACCOUNT/OBJECT	REASON FOR EXPENSE EXPLAIN WHY A PURCHASE REQUISITION WAS NOT USED	AMOUNT Due
	SUPPLIES	712200/53660		
	POSTAGE	712410/56600		
	MEMBERSHIP	712706/56440		
	SUBSCRIPTION	712336/56421		
	XEROX/COPIES	713439/56701		
	BOOKS/PUBLICATION	712330/53890		
	CATERING			
	LOCAL TRAVEL ONLY			
	OTHER			

TOTAL DUE \$

I hear by certify that the above account of expenditures is a true and correct statement of disbursements actually made by me; that the above sums were necessary in the performance of my official duties; and further certify that no part thereof has been paid to me as stated thereon, and that the balance as shown therein is actually due me.

Payee Signature

Approved by:

Include ORIGINAL paid receipts with your request
Reimbursement are mailed directly to the home address

Supervisor _____

FUND	ORGN	COSTCENTER	ACCT/OBJECT	FAS