

Expense detail form

For all business purchases, meal purchases, or any expense which needs to be reimbursed, please provide the following information, attach original detailed receipt(s) and forward to the accounting staff in 220 Hollister Hall.

Please note: Use TAB key only to move through fields of this form.

Name _____

Relationship to Cornell University Employee Student Visitor

Was this a procurement card purchase? Yes No

Are you requesting reimbursement? Yes No

Business Purpose:

If this purchase is a meal, please complete items A-E below. If not, skip to line F.

A. Attendees (full name or attach list):

B. Meal Date:

C. Merchant Name & Location:

D. Check one box:

This is NOT a purchase from a caterer.

This IS a purchase from a caterer?

E. Was Alcohol purchased? No: Yes: If yes, please give the dollar amount: \$ _____

F. Charge the following account(s): _____

G. Total amount to be charged to account: \$ _____

H. If requesting reimbursement, how do you want to be reimbursed?

Direct Deposit (Faculty & Staff Only)
You must to be enrolled in AP Direct
Deposit to choose this payment method.

US Mail to Home
Address: _____

Signature

Date: _____