Cornell University
Payment and Tax Services

Departmental Reimbursement Request
ORIE & Systems Engineering

***** Non-Cornell Affilliates - use this sheet for reimbursement of all expenses.**

***** Cornell Affiliates - use this sheet for non-travel related reimbursements only.**

Date

Payee's Last Name	Payee's First Name	Social Security Number	Unit Name

Relationship to Cornell (check one please)	Please describe	Campus Address (for non-Cornell Affiliates only)
☐ Cornell Employee ☐ Cornell Student ☐ Other		

Home Address	City/Town	State/Province	Country	Zip/Postal Code

Business Purpose of Expense (Required)

Receipt of Payment

☐ **Direct Deposit** ☐ Campus Mail to Address Above

☐ US Mail to Home ☐ Day Hall Pick up

DETAILS, EXPLANATIONS AND OTHER NOTES

Business Meals Required Details:

Date	Guest & Company Affiliation	Business Purpose of Meal	Account # To Charge	Amount

Expenses Other Than Meals

Date	Item Description	Business Purpose	Account # To Charge	Amount

Payee Certification & Approvals

I certify that these charges are accurate and that I am not claiming reimbursement from another source.

Payee Signature	Prepared by:	E-mail	Phone	Ext	Date

Signature Authority Approval	Enter/Print Name	E-mail	Phone	Ext	Date

PLEASE SUBMIT THIS FORM ALONG WITH ALL RELATED RECEIPTS TO: ORIE/SE Finanace Assistant

Cornell University
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Ithaca, NY 14853
email : jaf63@cornell.edu