



NEW YORK UNIVERSITY SCHOOL OF MEDICINE EXPENSE REIMBURSEMENT FORM

(LAST REVISED JUNE 2008)

Form EXP2000MC
For Accounts Payable Use Only

*This form is to be used only by NYU SOM employees to request reimbursement for business expenses or to clear outstanding cash advances.
NYU will not process requests for expenses that are deemed nonpermissible/nonreimbursable by the University.
For guidance, refer to the Business Expenses Policy and Expense Reimbursement Policy of the University (www.nyu.edu/financial.services/cdv/policies).
If reimbursement is for travel, attach Form EXP2000T (reimbursement request for each trip must be submitted on a separate Form EXP2000T).
If reimbursement is for meals during business meetings or events, attach Form EXP2000M. Otherwise, complete Box 12.*

CASH REIMBURSEMENT. Mark box if total expenses are \$150.00 or less and you want reimbursement in cash. For cash reimbursement, take the form to the Bursar's Office. However, if an advance has been issued to you (line 8b), reimbursement of any amount should be processed through Accounts Payable.

PAYEE INFORMATION

1. PAYEE'S FULL NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)		For Accounts Payable Use Only	
2. HOME ADDRESS		VENDOR NUMBER:	
3. ALTERNATE MAILING ADDRESS (IF APPLICABLE)		6. UNIVERSITY ID NUMBER:	
4. DEPARTMENT TO BE CHARGED	5. CONTACT PERSON (IF OTHER THAN PAYEE) AND TEL. NUMBER		

EXPENSE/ACCOUNT DETAILS

6. EXPENSE TYPE	7. AMOUNT	9. CHARTFIELD					TAX CODE
		ACCOUNT	FUND	ORG/DEPT	PROGRAM	PROJECT	
	\$						
TOTAL EXPENSES: 8a \$ _____ LESS NYU ADVANCE: * 8b \$ _____ EXPENSES NET OF ADVANCES: (8a - 8b = 8c) 8c \$ _____		<i>If amount in 8c is less than zero, please attach a check payable to NYU.</i> <i>If amount in 8c is greater than zero, 8c must equal 8f.</i> <i>*NYU Advance: Refers only to any cash advance requested using ADV3000.</i>			PAY TO NYU EMPLOYEE/STUDENT: 8d \$ _____ PAY TO AMERICAN EXPRESS: (ATTACH COPY OF AMEX PAYMENT SLIP) 8e \$ _____ TOTAL REIMBURSEMENT (8d + 8e = 8f) 8f \$ _____		
10. TOTAL AMOUNT OF REIMBURSEMENT (IN WORDS)							
11. DESCRIPTION AND BUSINESS PURPOSE OF EXPENSE/S							

12. SIGNATURES/APPROVALS: *I, the Payee, certify that the charges reported here are correct and that I am not claiming reimbursement from other sources for the same.*

SIGNATURE OF PAYEE	EMAIL ADDRESS OF PAYEE	TEL. NUMBER	DATE
NAME OF APPROVER	SIGNATURE OF APPROVER	TEL. NUMBER	DATE
PAYEE AUTHORIZING ANOTHER PERSON TO PICK UP PETTY CASH (PAYEE'S SIGNATURE)	NAME OF PERSON TO PICK UP PETTY CASH	SIGNATURE OF PERSON TO PICK UP PETTY CASH (To be signed in the presence of the teller or department petty cash fund custodian at time of pick-up.)	