



NEW YORK UNIVERSITY

EMPLOYEE/STUDENT REIMBURSEMENT FORM

(LAST REVISED MAY 23, 2002)

Form EMP2000
For Accounts Payable Use Only

This form is to be used by NYU employees/students for business expense reimbursement only or to settle outstanding advances. NYU will not process requests for payment to American Express for expenses that are deemed personal. All payments for personal expenses must be made by the Cardholder directly to American Express.

If reimbursement is for travel or local business meals, complete the Expense Breakdown Sheet (Form EMP2000A). Otherwise, complete Box 12.

If reimbursement is for travel, reimbursement request for each trip must be submitted on a separate form.

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 9b), 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:	
		6. SOCIAL SECURITY NUMBER: — —	
3. ALTERNATE MAILING ADDRESS (IF APPLICABLE)		7. HOLD FOR PICK-UP? (For extraordinary circumstances only. Print name and tel. number.) <input type="checkbox"/> YES	
4. DEPARTMENT TO BE CHARGED	5. CONTACT PERSON (IF OTHER THAN PAYEE) AND TEL. NUMBER		

EXPENSE/ACCOUNT DETAILS

8. DEPT PROCESS DATE	9. AMOUNT	10. CHARTFIELD					TAX CODE
		ACCOUNT	FUND	ORG/DEPT	PROGRAM	PROJECT	
	\$						
TOTAL EXPENSES: 9a	\$	<i>If amount in 9c is less than zero, please attach a check payable to NYU.</i> <i>If amount in 9c is greater than zero, 9c must equal 9f.</i>			PAY TO NYU EMPLOYEE/STUDENT: 9d	\$	
LESS NYU ADVANCE: 9b	\$				PAY TO AMERICAN EXPRESS: 9e	\$	
EXPENSES NET OF ADVANCES: (9a - 9b = 9c) 9c	\$				TOTAL REIMBURSEMENT (9d + 9e = 9f) 9f	\$	
11. TOTAL AMOUNT OF REIMBURSEMENT (IN WORDS)							
12. DESCRIBE FULLY THE NATURE OF THE PAYMENT (Description will not appear on the check)							

13. 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.)