Cornell University
Office of the Assemblies

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Campus Assemblies Reimbursement Request

This is a fillable PDF. Complete entries before printing on each use. For a list of subaccounts applicable to your assembly see: http://assembly.cornell.edu/Main/PaymentForms. Attach receipts in the order they are listed below.

Section 1 – Organization completes this section and submits to address provided above

Assembly

Date	Vendor	Category/Subaccount	Receipt Total	Amount to Reimburse
			$	$
			$	$
			$	$
			$	$
			$	$
Business purpose			TOTAL	
			$	

Reimburse an Individual

Payee Name

Payee Phone

Payee Email

Mailing Address

Last date to receive mail at address

Reimburse University Department(s)

Account	SubAccount	Object	Subobject	
				$
				$
				$
				$
				$

We, the undersigned, submit the attached original receipts for expenditures and certify that they: comply with the budget allotment granted to our organization by the University, are on behalf of the organization that we represent, are accurately presented, and have not been submitted previously to the University or any other organization for reimbursement.

Recipient (if individual) _____ *Netid* _____ *Signature* _____

Financial Officer _____ *Netid* _____ *Signature* _____

Section 2 – University completes this section – ALLOW THREE BUSINESS WEEKS FOR PROCESSING

If the accounting distribution is included in an attached sheet, write "ATTACHED".

Account-Subaccount _____ Requester _____

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