



**The Graduate Center the City University of New York
Business Office/Accounts Payable**

**Personal Reimbursement Request
Tax Levy Funds Only**

Date _____

Social Security Number _____

Program _____

Telephone _____

PAYEE: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

BANNER ID: _____ Invoice: _____

DATE	TYPE OF EXPENSE	ACCOUNT/OBJECT	REASON FOR EXPENSE EXPLAIN WHY A PURCHASE REQUISITION WAS NOT USED	AMOUNT Due
	SUPPLIES	712200/53660		
	POSTAGE	712410/56600		
	MEMBERSHIP	712706/56440		
	SUBSCRIPTION	712336/56421		
	XEROX/COPIES	713439/56701		
	BOOKS/PUBLICATION	712330/53890		
	CATERING			
	LOCAL TRAVEL ONLY			
	OTHER			

TOTAL DUE \$

I hear by certify that the above account of expenditures is a true and correct statement of disbursements actually made by me; that the above sums were necessary in the performance of my official duties; and further certify that no part thereof has been paid to me as stated thereon, and that the balance as shown therein is actually due me.

Payee Signature

Approved by:

Include ORIGINAL paid receipts with your request
Reimbursement are mailed directly to the home address

Supervisor _____

FUND	ORGN	COSTCENTER	ACCT/OBJECT	FAS