

Account-Subaccount

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<u>Campus Assemblies Reimbursement Request</u>

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

Reimburse an Individual Reimburse University Department(s) Account SubAccount Object Subobject Payee Name \$ Payee Phone \$ Payee Email \$ Mailing Address \$ \$ Last date to receive mail at address 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".

Requester