College of Veterinary Medicine

Accounting Service Center

S3 005 / S3 007 Schurman Hall, Vet Box 12

Non-Employee Travel Reimbursement Checklist

Please complete this form, attach original receipts including airline electronic ticket receipt, if applicable. **If a receipt is not available, provide the date, establishment, location, actual dollar amount and brief explanation of why receipt was not provided.** Turn all information in to the department contact listed below. The department will authorize payment and forward to the Accounting Service Center. Cornell University policy 3.2, 'Travel Expenses' applies: https://www.dfa.cornell.edu/tools-library/policies/travel-expenses

Traveler Name:	Name:		Preparer Name:	
To/From:		Preparer C	Preparer Contact Address:	
Dates of Travel:				
Traveler Telephone:		Traveler E-	Traveler E-mail:	
Traveler Home Address (where check will be sent):		Account to	Account to be charged:	
First Time Traveler Only: US Citizen (Yes or No): If No, what country:				
Permanent Home Address:				
(Listed on visa documents)				
(Execution (Executions)				
Business purpose of trip (Include what, why, where and when, event or section name. Explain how expenses support the ongoing missions				
of the university):				
Include below all expenses related to this travel event, and attach receipts. Attach a copy of an announcement of the event, if available. Please note any				
irregularities, i.e. not claiming per diem, stayed with	friends, etc.	Attached		
Transportation	Amount	Attacned	Notes	
Airfare (Receipt Required)/Airfare Boarding Passes				
Fleet Vehicle				
Auto Rental (Receipt Required)				
Rental Car Fuel				
Train, Bus, Limo, Taxi, etc.				
Total Round Trip Mileage @ IRS rate				
Lodging (Original receipt required)				
Meals (if provided at conference, list meals				
& dates) Label all alcohol!				
Miscellaneous Copy of Agenda/Meeting Registration Fee				
Telephone/Fax/Internet				
Tolls/Parking				
Payee Certification: I certify that these charges are accurate and that I am not claiming reimbursement from another source.				
	Payee Signature Date			
Department Authorization	Note: Include any honorarium or speaker fee under Miscellaneous, Other.			
Account No:	Dept Authorization Signature: Date:			