



**EXPENSE REIMBURSEMENT FOR NON-COLLEGE EMPLOYEES
AND STUDENT STIPENDS**

DO NOT USE FOR HONORARIUMS

NAME (Print) _____ CUNYFIRST ID # _____

FULL ADDRESS _____

TELEPHONE # _____ EMAIL _____

DESCRIPTION OF PAYMENT _____

DEPARTMENT NAME _____

NYCCT STUDENT Y/N _____ PAID ON STATE PAYROLL Y/N _____

ITEMIZED EXPENSE AMOUNTS AND BRIEF DESCRIPTIONS (PLEASE ATTACH RECEIPTS)

\$ _____ \$ _____

\$ _____ \$ _____

\$ _____ \$ _____

GRAND TOTAL \$ _____

STUDENT STIPEND INFORMATION

STUDENT STIPEND Y/N _____ SEMESTER / YEAR _____

STIPEND AMOUNT \$ _____ DEPARTMENT NAME _____

CUNYFIRST CHARTFIELDS

AMOUNT	CUNYFIRST DEPT. #	FUND CODE	MAJ PURP.	OPER UNIT	PROG CODE	FUND SRCE	ACCOUNT	SPCL INIT.

AUTHORIZATIONS AND APPROVALS

RECEIPT'S SIGNATURE _____ DATE _____

DEPARTMENTAL FUNDING SIGNATURE _____ DATE _____

A/P EXPENSE RECORD NO. _____