

UNIVERSITY SEMINARS
COLUMBIA UNIVERSITY, MC: 2302
FACULTY HOUSE, 64 MORNINGSIDE DRIVE, 2ND FLOOR, NEW YORK, NY 10027

NON-COLUMBIA*
TRAVEL & BUSINESS REIMBURSEMENT

PLEASE PRINT
ATTACH ALL ORIGINAL RECEIPTS
(except for local subway/bus fares and mileage).

Meeting Date: _____

Seminar: _____

Full Name: _____

Home Address: _____

Email Address: _____

Telephone: _____

Social Security Number (or ITIN or FEIN): _____

AND, FOR NON-RESIDENT ALIENS,

Visa Type/Number (attach photocopy): _____

TRANSPORTATION:

AIR/RAIL, ETC \$ _____

TAXI _____

PARKING _____

TOLLS _____

MILEAGE: _____ miles @ \$0.53.5/mile _____

HOTEL _____

OTHER (please specify):

SUBTOTAL: \$ _____

LESS AMOUNT NOT COVERED: _____

TOTAL REIMBURSEMENT REQUEST: \$ _____

***Columbia faculty, staff and students must use Columbia's Travel and Business Expense Report. Use this form for reimbursements to non-affiliated participants only.**