**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:**

**FOR NON-RESIDENT ALIENS,**

**Visa Type/Number (attach photocopy):**

**TRANSPORTATION:**

**AIR/RAIL, ETC $ TAXI**

**PARKING**

**TOLLS**

**MILEAGE: miles @ $0.58/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.**

**75**