

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

TRAVEL AND BUSINESS EXPENSE
REIMBURSEMENT FORM

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 @ \$0.56/mile _____

HOTEL \$ _____

MEALS:

FOOD \$ _____

ALCOHOL _____

OTHER (please specify)

SUBTOTAL: \$ _____

LESS AMOUNT NOT COVERED: _____

TOTAL REIMBURSEMENT REQUEST: \$ _____

*Return this completed form, along with all associated receipts, to [John Jayo](#). For complete instructions on reimbursement policies and procedures, please refer to [The University Seminars Guidelines](#).