

# YSOA STUDENT REIMBURSEMENT REQUEST FORM

## Instructions:

Complete all information. Sign as indicated and include receipts.  
Number your receipts and enter the information below for each receipt in sequential order.  
Receipts must be legible.  
Obtain approval signature from your faculty/supervisor.  
Submit form to the School's Business Office via e-mail to archbusiness@yale.edu

## Payment Options:

Payment will be made by check or ACH, depending on your set up in Workday; processing time up to four weeks.

## Receipt Submission Requirements:

Document must show what was purchased and proof of payment.  
Train or air travel: include the itinerary with your receipt.  
Lodging: include your detailed bill from hotel with receipt.  
Car rental: include the car rental agreement with receipt. Insurance coverage is not reimbursable.  
Amazon: Only purchases made from the University Amazon Account are covered. Purchases made from personal Amazon accounts are not reimbursable.  
Expenses over 365 days old are not reimbursable.

Name: \_\_\_\_\_

Requested Reimbursement: \$ \_\_\_\_\_

Travel Dates (if applicable): \_\_\_\_\_

Course #: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

Citizenship Status (check one):

*U.S. International*

\_\_\_\_\_  
(Street)

Net ID: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Explanation of Business Purpose: (who, what, where, why; e.g. Advanced Studio Trip to Paris, photocopying, studio supplies, etc.)

**Certification:** I hereby certify that the expenses were incurred for official business of Yale University and that no portion of the claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other source in the future. Should any portion of the reimbursement be found to be non-compliant with Yale University policy, I will reimburse the University within 30 days of being notified.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(Signature not required if submitting by e-mail)*

**Faculty/Supervisor or Administrator Signature:** I hereby authorize this expense to be assigned to my course or other allotted budget.

Print Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(If faculty/supervisor is not available for signature; obtain and submit e-mail approval from faculty/supervisor)*

**\*\*All receipts should be scanned as a separate pdf files and named i.e. 1-Uber 8-8-22 \$20.00\*\***

Expense Accounting (itemize expenses)			
Receipt Number	Date	Description	Amount
1 EXAMPLE	8/8/22	Uber from abc location to xyz location	20.00
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

*If you have additional expenses please submit them on an Excel spreadsheet.*