

CLAIM FOR PAYMENT

I. PAY TO (please print):

| | |
|---|---------------------------------------|
| PAYEE FIRST NAME | PAYEE LAST NAME |
| HOME ADDRESS | |
| CITY, STATE, ZIP | TELEPHONE NUMBER () - |
| PAYEE EIN (LEAVE BLANK IF SSN) - - | FAX NUMBER () - |
| DEPARTMENT NAME TO BE CHARGED | DEPARTMENT NUMBER TO BE CHARGED |

II. DESCRIPTION OF SERVICES:

| |
|--|
| |
| |

III. DATES OF SERVICES:

| | |
|------|----|
| FROM | TO |
| FROM | TO |

IV. PAYMENT/REIMBURSEMENT AMOUNT:

1. Services (complete A or B):

- A. Contract Fee \$ _____
- B. Rate per hour/day \$ _____ x hours/days _____ \$ _____

2. Travel Expenses (non-employee only - refer to current travel guidelines):

- A. Transportation (\$____/mile x _____ miles) \$ _____
- B. Lodging (Amount/Day _____ x _____ days) \$ _____
- C. Meals (non-employee per diem only) \$ _____
- D. Other (attach explanation/justification) \$ _____

TOTAL: \$ _____

V. PAYEE CERTIFICATION:

I certify that the above-listed services have been performed and that the reimbursement claimed is a true and accurate representation. In accordance with the New York State Public Officers Law § 73(8)(a)(i), I further certify that during the last two (2) years I have not been employed or paid by CUNY, SUNY, New York State agency or any entity that derives its funds from New York State.

Signature

Date

VI. UNIVERSITY/COLLEGE DEPARTMENT AUTHORIZATION:

I certify that the above-listed services have been performed, that the reimbursement claimed is true and accurate, and that the charges are authorized against the account number listed above.

Signature

Date