

## 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