

UNIVERSITY SEMINARS
COLUMBIA UNIVERSITY
305 FACULTY HOUSE, 400 W 117 ST MC 2302, 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: _____

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Social Security Number (or ITIN or FEIN): _____

AND, FOR NON-RESIDENT ALIENS,

Visa Type/Number (attach photocopy): _____

TRANSPORTATION:

AIR/RAIL, ETC \$ _____

TAXI _____

PARKING _____

TOLLS _____

MILEAGE: _____ miles @ \$0.36/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.

Approved by Seminar Chair: _____
signature date