



Cornell University
Campus Activities

Speaker Reimbursement and Payment Request Form

Section 1 – Organization completes this section and submits to address provided above

Requesting Organization Name

Payee Information CU Student?

CU Staff?

Payee Name

Service Provided

Mailing Address for Payment

Street

City/State

Zip

Event Information

Date

Time

Location

Description

Reimbursable Expense Information

Attach receipts for all expenses. For private vehicle travel, an itinerary supporting the number of miles traveled suffices.

Payee traveled on from to .

Payee returned on to from .

Meals \$ *Lodging \$* *Air and Transit Fares \$* *Private Vehicle \$* (*Mileage at current IRS rate*

Taxable Payment Information

If speaker is not a US citizen, additional documentation may be required.

Is performer a citizen or permanent resident of the United States?

Engagement Fee \$ *Other \$* (If other, specify:)

Certification

Total reimbursement and payment amount \$

Expense category

Speaker Certification: By signing below, I agree that the above information is accurate.

Print Name _____

Signature _____

Date _____

Student Organization Officer Certification: I, the undersigned submit the attached original receipts for expenditures and certify that they comply with the budget allotment granted to our organization by the University, are on behalf of the organization that we represent, are accurately presented, and have not been submitted previously to the University or any other organization for reimbursement.

Netid

Signature _____

Date _____