# Payment / Reimbursement Form

**College of Architecture, Art, and Planning**
**Cornell University**

**For Faculty / Staff / Students**

SECTION #1

**Legal Name:** **Net ID:** **Department:**

Please check all that apply: ☐ Undergraduate ☐ Graduate ☐ Staff ☐ Faculty

Student ID:

Please check all that apply: ☐ Award ☐ Travel ☐ Reimbursement

**Complete all three sections, attach all receipts, and return form to 140 E. Sibley Hall (Business Service Center)**

**Address information:**

Permanent Home Address: *REQUIRED*

Please Mail Check To:

☐ Same as Permanent Home Address ☐ ACH/Direct Deposit

**Business Purpose** (Who, What, When, Where, Why):

**Required for Any Meal Purchases:**

**Total $:**

Was Alcohol Purchased? ☐ Yes $ ☐ No

Attendees (Full name or name of group):

SECTION #2

**Travel Information:**

Trip Start Date: Trip End Date:

Destination:

Expense Limit:

Enter amount of travel advance:

****If you have any questions, please contact the AAP Business Service Center in 140 Sibley Hall****

SECTION #3

**Account Information:**

☐ Field trip preapproved

☐ Acct. # / Name:

☐ Approval E-mail/Documentation attached

Acct. # / Name

☐ Approval Max $:

☐ Acct. Approval (Faculty / Staff):

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