BARUCH COLLEGE – CUNY
REIMBURSEMENT REQUEST
SCHEDULE OF CASH EXPENDITURES

RR# _____

(PLEASE TYPE OR PRINT)

Employee's Name _____ SS# |__|__|__|-|__|__|-|__|__|__|__|

Department _____ Box No. |__|__|__|__|__| Ext. No. |__|__|__|__|

(Check one)

Local Travel ☐ Other ☐

Date	Description / Destination	Amount	
		Requested	Adjusted
	Total:		

I certify that the above expenditures were incurred on behalf of Baruch College and that they are true and correct.
(Attach ORIGINAL paid receipts. Sales tax is NOT reimbursable.)

_____
Employee Signature and Date

Supervisor Signature and Date _____ V.P. – Admin. Approval _____

Business Office Use Only

FY _____ **MOP** _____ **Dept.** _____ **Code** _____ **By** _____ **Date** _____

Vo No. _____ **Imp No.** _____ **Check No.** _____ **Amt.** _____ **Date** _____

Signature _____ **Amt rec'd.** _____ **Date** _____

OBP/reimreq.ftw/Crown Printing 10/98