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