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| **Form 3215FR.09 120-366 Day Taxable Expense Reimbursement**  |
| **Revision 9/8/2015** |  |  |  |  |  |
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| ***NOTE:*** *For Students, Post-Doctorate Associates and Post-Doctorate Fellows with expenses over 120 days old, use the check request form 3401 FR.02 for reimbursement.* |
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| **INSTRUCTIONS:**1. **Review all expenses prior to this submission.** Travel expenses submitted for payment on this form are still subject to all reimbursement policies associated with submission of expenses less than 120 days old through the Expense Management System. Business expenses will be paid by Yale if they are reasonable, necessary and meet policy and compliance requirements.
2. **Complete this form** and secure proper approval from the Lead Administrator
3. **Please send approved form to your Business Office.** The Business Office must request a One-Time Payment *(One-Time Payment Plan* ***>*** *Amount Based Plans* ***>*** *Taxable Reimbursement 120)* in Workday.

*(For individuals on Confidential Payroll please send forms to* *kathleen.weisgable@yale.edu**)*1. **Update Labor Distribution Schedule if necessary.** Business Office must create or update the Labor Distribution for the employee to include a schedule at the Element Level = Taxable Reimbursement 120\_366 Days with the PTAO instructions indicated below. Failure to ensure that an active Element Level Labor Schedule exists may cause payments to hit Labor Suspense or be allocated based on Assignment Level salary charging instructions.

**Additional Action Required**All Workday One-Time Payment transactions will be charged using expenditure type code 911401 – Taxable Reimbursement Expenses 120-366 days. It is the responsibility of the department business office to process a JSA to allocate the charges to the appropriate travel, entertainment and supply expenditure codes. **A copy of this form and all receipts associated with these charges must be attached to the JSA to comply with the IRS requirement to substantiate all expenses**.**Employee Name:**

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| **Project** | **Task** | **Award** | **Exp Type Code** | **Organization Code** |
|  |  |  | **911401** |  |

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| **One-Time Payment Plan Total Amount to be**  **$** **Taxable Reimbursement 120 Days** **>Amount Based Plan reimbursed**  |
|   |  |   |   |   |
| ***Employee Signature*** |  |  | ***Date*** |  |  |
| *I certify that I have reviewed and approved the expenses associated with this report, and have found them to be reasonable, appropriate, and in compliance with Yale's policies and procedures and, if applicable, policies of sponsoring agencies funding these activities. Also, I have verified through inquiries or have direct knowledge that the goods were required or the services were performed, and if applicable, the initiator is authorized to purchase the goods and services. Purchases on sponsored projects conform to any limitations or exclusions set forth in A-21 or the terms and conditions of the sponsored project.*  |
| ***Lead Administrator Print Name***  | ***Approval Signature*** |  ***Date*** |  |  |