Yale

# Form 3215 FR.09

## 120-366 Day Taxable Expense Reimbursement

*Revised 05/15/2026*

**Please Note:** Do **NOT** use this form for Students, Post-Doctorate Associates, and Post-Doctorate Fellows with expenses older than 120 days. Instead, submit such expenses in Workday via the "Create Supplier Invoice Request" function.

| 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 appropriate 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 confidential.payroll@yale.edu)* |
| **Additional Action Required** |
| All Workday One-Time Payment transactions will be charged using the pay component – Taxable Reimbursement 120-366 days. Department business offices are responsible for processing a Journal Entry 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 Journal Entry to comply with the IRS requirement to substantiate all expenses**. |

| Charging Instructions | |
|---|---|
| **Company** | |
| **Grant** | |
| **Project** | |
| **Gift** | |
| **Yale Designated** | |
| **Cost Center** | |
| **Program** | |
| **Assignee** | |
| **Spend/Revenue Category** | |
| **Ledger Account** | |
| **Location** | |

| One-Time Payment Plan > Amount Based Plan |
|---|
| **Taxable Reimbursement 120** |

| Total Amount to be Reimbursed |
|---|
| **$** |

| Employee | | | |
|---|---|---|---|
| **Employee Name:** | | | |
| **Signature:** | | **Date:** | |

| Lead Administrator | | | |
|---|---|---|---|
| **Lead Administrator Name:** | | | |
| ***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.*** | | | |
| **Signature:** | | **Date:** | |

**Questions? Contact** controllers.office@yale.edu