

Contact Information						
Last Name:		First Name:		Middle Initial:		
Phone:		Email:				
Department:						

Transaction and Receipt Information									
Type of Tr	ansaction:	Purchasing Card (P	PCard)	Travel Expense	🗆 Petty ca	sh and other	r accounts payabl	e	
Reason fo	r Missing Receipt:	□ Lost receipt □ Vendor provided no receipt		□ Other; please <u>explain below</u> :					
			Descript	tion of Expenditure:					
		Bus	siness Pu	urpose for Expenditure:					
Amount:	\$	Purchase Date	e :		Paid by:	□ Check	□ Credit Card	□ Cash	

Merchant Information					
Merchant Name (payee):					
Merchant Location (city):		Merchant Location (state):			

Employee Certification					
I certify that these expenses were actual and reasonable and incurred for official business of Yale University and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid by any other resource in the future. Should any portion of this reimbursement be found non-compliant with Yale University policy, I will reimburse the University within thirty (30) days of being notified.					
Employee Signature:		Date:			

Lead Administrator Approval					
The Lead Administrator's signature is required for expenditures between \$75.00 and \$999.99. The Lead Administrator's signature is also required prior to the Controller's Office signature for expenditures of \$1,000 or greater.					
Lead Administrator Date: Signature: Date:					

Controller's Office Approval					
The Controller's Office signature is required for expenditures of \$1,000.00 or greater.					
Controller's Office Signature:		Date:			