Reimbursements for
Guest Lecturers Expenses

Accounts Payable: Transmittals

☐ Name:

_________________________________________  ________________________________________

Last          First

☐ Address: __________________________________________

________________________________________

☐ Phone #: ____________________  ☐ E-Mail: ____________________

☐ YC Department Being Charged: __________________________________________ (Biology, Chemistry, etc.)

☐ Date Submitted: ____________________

☐ Reason for Purchase(s):

________________________________________

________________________________________

Total Reimbursement(s): $__________________  Receipt(s) Attached

RETURN TO:
Ryssa Henry
Yeshiva College
500 West 185th Street, F101
New York, NY 10033

\Yc1\Public\Forms\Reimbursements for Faculty.doc
☐ Car/Taxi/Parking:
$______________
O Receipt(s) Attached; Date: ________________

☐ Consultant:
$______________
O Receipt(s) Attached; Date: ________________

☐ Dues:
$______________
O Receipt(s) Attached; Date: ________________

☐ Conventions & Professional Meetings:
$______________
O Receipt(s) Attached; Date: ________________

☐ Software:
$______________
O Receipt(s) Attached; Date: ________________

☐ Equipment (small):
$______________
O Receipt(s) Attached; Date: ________________

☐ Honorariums:
$______________
O Receipt(s) Attached; Date: ________________

☐ Meals, Refreshments & Supper Money:
$______________
O Receipt(s) Attached; Date: ________________

☐ Misc. Fee:
$______________
O Receipt(s) Attached; Date: ________________

☐ Petty Cash:
$______________
O Receipt(s) Attached; Date: ________________

☐ Postage & Mail:
$______________
O Receipt(s) Attached; Date: ________________

☐ Printing – Outside:
$______________
O Receipt(s) Attached; Date: ________________

☐ Recruitment Expense:
$______________
O Receipt(s) Attached; Date: ________________

☐ Subscriptions/Publications:
$______________
O Receipt(s) Attached; Date: ________________

☐ Supplies – Lab:
$______________
O Receipt(s) Attached; Date: ________________

☐ Supplies – Office:
$______________
O Receipt(s) Attached; Date: ________________

☐ Supplies – Instructional:
$______________
O Receipt(s) Attached; Date: ________________

☐ Tuition & Fees:
$______________
O Receipt(s) Attached; Date: ________________

☐ Other: ____________________
$______________
O Receipt(s) Attached; Date: ________________