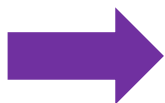


## Capstone Team Reimbursement Form



**Please read all instructions** in the [Student Capstone Guide](#) under the heading “Team Reimbursements” **before** requesting reimbursement.

Each Capstone team can be reimbursed up to \$500 for Capstone-related expenses. Speak to your team about how you want to spend this money before requesting reimbursement. All reimbursement forms can be found on the [Student Portal](#) of the Wagner website.

Student Expense Reimbursement Forms should be submitted for \$300 or less and will be reimbursed in cash at the Office of the Bursar. If your total reimbursement request exceeds \$300, it should be split into two forms that are each under \$300. If this is not possible, the reimbursement can be processed as a check (up to \$500), but it can take up to 6-8 weeks for NYU Accounts Payable to issue the check.

Fall team reimbursement request submission will begin Friday, October 25, 2019 and end Friday, December 13, 2019. In the spring, you may request team reimbursement until Wednesday, May 20, 2020. **You must request reimbursement BEFORE you graduate.**

In addition to the **Itemized Expenses Sheet** on p. 3, please fill out the University’s form **EXP2000S** (p. 2 of this document).

1. Check box for “Cash Reimbursement” if your request is under \$300 and you want cash.
2. Fill out the “Payee Information” section (#1-6), “Total Amount of Reimbursement (in words)” (#10), and “Description and Business Purpose of Expense/s” (#11).
3. Leave “Expense/Account Details” (#7-9) blank.
4. Sign the top line of section #12 where it says “Signature of Payee” and fill out your email address, phone number, and the date.

Email all forms and receipts (**full instructions found in [Student Capstone Guide](#)**) to [wagner.capstone.reimbursements@nyu.edu](mailto:wagner.capstone.reimbursements@nyu.edu). You may also drop them off with Catherine Falzone, 295 Lafayette St. 3<sup>rd</sup> Floor, desk 3015-A.



## Student Expense Reimbursement Form

(Last Revised October 2018)

<b>Form EXP2000S</b>
For Accounts Payable Use Only

*This form is to be used by NYU students only to request reimbursement for university business expenses. NYU will not process requests for expenses that are deemed nonpermissible/nonreimbursable by the University.*

*If reimbursement is for travel, attach Form EXP2000T (reimbursement request for each trip must be submitted on a separate Form EXP2000T). If reimbursement is for meals during business meetings or events, attach Form EXP2000M. Otherwise, complete Box 11.*

### CASH REIMBURSEMENT

Mark box if total expenses are \$300.00 or less and you want reimbursement in cash. For cash reimbursement, take the form to the Office of the Bursar. For location and office hours, please refer to the Office of the Bursar Website ([www.nyu.edu/bursar/location.hours](http://www.nyu.edu/bursar/location.hours)).

### PAYEE INFORMATION

1. PAYEE'S FULL NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)		For Accounts Payable Use Only	
2. HOME ADDRESS		VENDOR NUMBER:	
		5. UNIVERSITY ID NUMBER: N _ _ _ _ _	
3. ALTERNATE MAILING ADDRESS (IF APPLICABLE)			
4. DEPARTMENT TO BE CHARGED		6. CONTACT PERSON (IF OTHER THAN PAYEE) AND TEL. NUMBER	

### EXPENSE/ACCOUNT DETAILS

7. EXPENSE TYPE	8. AMOUNT	9. CHARTFIELD					TAX CODE
		ACCOUNT	FUND	ORG/DEPT	PROGRAM	PROJECT	
	\$						
TOTAL EXPENSES:	\$						

10. TOTAL AMOUNT OF REIMBURSEMENT (IN WORDS)
11. DESCRIPTION <u>AND</u> BUSINESS PURPOSE OF EXPENSE/S

**12. SIGNATURES/APPROVALS:** *I, the Payee, certify that the charges reported here are correct and that I am not claiming reimbursement from other sources for the same. I understand that the University will deduct all federal, state, and local taxes and report any payments made to me as required by law.*

SIGNATURE OF PAYEE	EMAIL ADDRESS OF PAYEE	TEL. NUMBER	DATE
NAME OF APPROVER	SIGNATURE OF APPROVER	TEL. NUMBER	DATE
SIGNATURE OF PAYEE TO PICK UP PETTY CASH (To be signed in the presence of the teller at time of pick-up.)			

## Itemized Expenses Sheet

Explanation of Submitted Expenses	Cash/Charge	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Total amount: \_\_\_\_\_

Name of team member to be reimbursed: \_\_\_\_\_

Student mailbox number: \_\_\_\_\_