# CLAIM FOR PAYMENT

1. PAY TO (please print):

|  |  |
| --- | --- |
| PAYEE FIRST NAME | PAYEE LAST NAME |
| HOME ADDRESS | |
| CITY, STATE, ZIP | TELEPHONE NUMBER  ( ) - |
| PAYEE EIN (LEAVE BLANK IF SSN)  - - | FAX NUMBER  ( ) - |
| DEPARTMENT NAME TO BE CHARGED | DEPARTMENT NUMBER TO BE CHARGED |

1. DESCRIPTION OF SERVICES:

|  |
| --- |
|  |
|  |

1. DATES OF SERVICES:

|  |  |
| --- | --- |
| FROM | TO |
| FROM | TO |

1. PAYMENT/REIMBURSEMENT AMOUNT:
   1. Services (complete A **or** B):
      1. Contract Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_
      2. Rate per hour/day $\_\_\_\_\_\_\_\_\_ x hours/days \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Travel Expenses (non-employee only - refer to current travel guidelines):
      1. Transportation ($\_\_\_\_/mile x \_\_\_\_\_\_ miles) $\_\_\_\_\_\_\_\_\_\_\_\_\_
      2. Lodging (Amount/Day \_\_\_\_\_\_ x \_\_\_\_\_\_ days) $\_\_\_\_\_\_\_\_\_\_\_\_\_
      3. Meals (non-employee per diem only) $\_\_\_\_\_\_\_\_\_\_\_\_\_
      4. Other (attach explanation/justification) $\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PAYEE CERTIFICATION:

**I certify that the above-listed services have been performed and that the reimbursement claimed is a true and accurate representation. In accordance with the New York State Public Officers Law § 73(8)(a)(i), I further certify that during the last two (2) years I have not been employed or paid by CUNY, SUNY, New York State agency or any entity that derives its funds from New York State.**

Signature Date

1. UNIVERSITY/COLLEGE DEPARTMENT AUTHORIZATION:

**I certify that the above-listed services have been performed, that the reimbursement claimed is true and accurate, and that the charges are authorized against the account number listed above.**

Signature Date