Program Activities

Budget allocations in this category provide funds for honoraria and/or travel for colloquium speakers/lecturers and for refreshments for colloquium receptions. Both tax-levy\(^2\) and discretionary\(^3\) funds are used for program activities. Payment and reimbursement procedures in these various categories are outlined below. Please submit all reimbursement requests as expenses are incurred.

Honorary

[U.S. Residents]

Use form [GD-5 Honoraria/Independent Contractor Service Claim](https://provost.cuny.edu/forms/) for payment of professional services in such events as seminars, lectures, and colloquia by participants who are U.S. residents. A completed [State of New York Standard Voucher](https://provost.cuny.edu/forms/) and a [Determination of Residency Status for Tax Purposes](https://provost.cuny.edu/forms/) must accompany the GD-5 form, along with an announcement, a flyer or an invitation describing the event. Honoraria payments are deducted from your program activities allocations. Please do not use a Payment Request form to request an honorarium payment.

[Nonresident Foreign Speakers]

In addition to the [GD-5 Honoraria/Independent Contractor Service Claim](https://provost.cuny.edu/forms/), the [State of New York Standard Voucher](https://provost.cuny.edu/forms/) and the [Determination of Residency Status for Tax Purposes](https://provost.cuny.edu/forms/), a nonresident foreign speaker must also complete a [Tax Compliance Notification Sheet](https://provost.cuny.edu/forms/); the Executive Officer, in turn, will complete and sign a [Nonresident Alien Visitor-Honorarium Payment](https://provost.cuny.edu/forms/) and a [Nonresident Alien Visitor-Honorarium Payment Payroll Transmittal Form](https://provost.cuny.edu/forms/). When completed, forward all the nonresident foreign speaker’s forms to Margarita Nasr in the Provost’s Office, who will forward them to the Business Office as soon as they have been registered and checked for completeness. Once the Business Office receives all the forms, the nonresident foreign speaker will receive a user ID and a password from support@online-tax.net,

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\(^1\) For your convenience, all forms mentioned in this document are linked to the Adobe PDF writable version on the Provost’s website. Click on the link to access the form. Each form can be completed online or can be downloaded and completed when necessary. Move from field to field by pressing the <tab>key.

\(^2\) Funds provided to The Graduate Center from the New York State Tax-Levy Budget.

\(^3\) Funds from the overhead recovery account at the Research Foundation.
which must be used to access the GLACIER Online Tax Compliance System. After completing an Individual Record, the foreign speaker will be prompted to print a Tax Summary Report and a list of supporting documents. These documents must be faxed to the Nonresident Alien Tax Specialist, Ms. Angella Bowley, at 212-817-1636. Please note that all honoraria payments made to a nonresident alien are subject to income withholding, unless specifically exempted by U.S. tax law or income treaty. If you have further questions regarding these procedures, you should contact Ms. Bowley at 212-817-7668 or abolley@gc.cuny.edu.

In lieu of an honorarium, it may be possible to provide a reimbursement for travel and/or meal expenses up to the amount of the intended honorarium. Original receipts must be submitted. [See the procedures for travel reimbursement of non-CUNY faculty and out-of-pocket expenses below.]

TRAVEL

[Non-CUNY Faculty]

When a lecturer or colloquium speaker is allowed an honorarium as well as a reimbursement of travel expenses, a GD-5 Honoraria/Independent Contractor Service Claim and a GD-11 Expense Sheet must be submitted separately. Each must be accompanied by a State of New York Standard Voucher and a Determination of Residency Status for Tax Purposes. Include a flyer, announcement, or invitation describing the event. These travel expenditures are deducted from your program activities allocations.

Candidates invited to interview for faculty positions may be reimbursed for travel expenses. Please use a GD-11 Expense Sheet, a State of New York Standard Voucher, and a Determination of Residency Status for Tax Purposes. Original receipts for travel expenses must accompany the GD-11. Tape all receipts neatly to an 8½" x 11" sheet of paper. Include a copy of the Personnel Vacancy Notice (PVN) for the position.

[CUNY Faculty]

Eligible Executive Officers and faculty whose appointments are at The Graduate Center may be reimbursed for professional travel. The current maximum for the academic year is $500. In order to receive the reimbursement, the faculty member or eligible Executive Officer must identify her/his affiliation as "The Graduate Center, CUNY" on all materials associated with the conference. If s/he is also appointed at another campus, both affiliations must be included.

To request reimbursement, the eligible faculty member should complete an Application for Travel Allowance. Upon approval, s/he will be sent a travel application information sheet, a State of New York Travel Voucher, and a State of New York Statement of Automobile Travel, if applicable. Please be aware that New York State requires a written justification for the use of a personal automobile.
The eligible faculty member should fill out the travel form and forward it to the Office of the Provost no more than 7 days after the trip has been completed. S/he must include a xerox copy of the cover page of the conference program and the page listing the faculty member's participation. Original receipts and appropriate documentation must accompany the form. All receipts should be taped neatly to an 8½" x 11" sheet of paper.

Note: Some CUNY faculty with research grants may have travel funds provided to them through their grants. These funds are approved by the Principal Investigator of the grant, and reimbursement must be requested under Research Foundation guidelines.

**REIMBURSEMENT FOR REFRESHMENTS**

Reimbursements for refreshments are paid through either discretionary or tax-levy funds and are deducted (except for site visits or faculty recruitment) from program activities allocations. Submit all requests for reimbursement directly to the Office of the Provost.

[Restaurant Associates]

The Business Office submits invoices from Restaurant Associates to New York State for payment. Please complete a Graduate Center [Purchase Requisition](#) to request payment. Indicate on the requisition the Restaurant Associates invoice number and the date and type of function for which Restaurant Associates provided services. Attach an announcement, flyer or invitation describing the event and a printed list of persons who attended the function. Send the complete [Purchase Requisition](#) and supporting documentation to the Office of the Provost for approval.

[Reimbursement for Refreshments/Hospitality]

Reimbursements for refreshments relating to program activities (other than those provided by Restaurant Associates) may also be requested. Complete a [Payment Request](#) form and submit the request to the Office of the Provost. Include an announcement, flyer, or invitation describing the event and an itemized list of expenditures. If the request is for a recruitment expense, include a copy of the Personnel Vacancy Notice (PVN). If the request is for a luncheon or a dinner expense, indicate the number of persons who attended the function. Include all original receipts taped neatly to an 8½" x 11" sheet of paper.

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4 The Payment Request form in this packet replaces any previous version you may now have. Funds for these payments will be disbursed through the office of Ms. Althea H. Harewood, Director of Finance for Graduate Center-Related Entities. The form has been coded accordingly and must be used for reimbursements as indicated above.
OTHER OUT-OF-POCKET EXPENSES

[Program Activities]

Complete a Payment Request. Attach an itemized list of expenditures (with original receipts taped neatly to an 8½" x 11" sheet of paper) and an announcement, flyer, or invitation describing the event. If the request is for a luncheon or a dinner expense, include the number of persons who attended the function.

[Other]

For out-of-pocket reimbursement of office supplies or similar expenses, complete either a Petty Cash Reimbursement Request form (for a total reimbursement amount of $50.00 or less) or a Personal Reimbursement Request form (for total reimbursement of more than $50.00). Sales tax will not be reimbursed. You should obtain a tax exemption form from the Business Office prior to making these purchases.

OTPS PURCHASES AND INVOICE PAYMENTS

The purchase of supplies (other than from Central Stores [copier paper and inter-college envelopes only] and the Staples system), equipment, and the payment of invoices for membership dues for professional organizations, advertisements, subscriptions, and other such items require the completion of a Purchase Requisition that is approved by the Executive Officer, department head, or other authorized person.

Those programs without an allocation for OTPS equipment and supplies should forward their requisition to the Office of the Provost for approval. Programs/departments with an allocation for OTPS equipment and supplies, should forward requisitions with vendor invoices ready for payment directly to Accounts Payable in the Business Office; requisitions for orders for equipment and supplies that need to be placed with a vendor should be directed to the Purchasing Department.

The Purchasing Department will prepare a Purchase Order and forward to the program both a Receiving Report and a Departmental Copy of the order. (a) The Receiving Report for equipment and supplies must be signed, dated, and returned to Accounts Payable upon receipt of the merchandise (packing slips and/or invoices should be included). (b) If prepayment is required for an order, you will need to provide a "Pro Forma" invoice from the vendor and a purchase requisition to the Purchasing Department where a check will be prepared and sent with the order. [See Purchasing Office Guidelines for deadline dates and other specific details.]

For further information regarding program payments or reimbursements, contact Margarita Nasr (212-817-7238).

Office of the Provost
April 2009
APPENDIX A

FORMS
HONORARIA/INDEPENDENT CONTRACTOR SERVICE CLAIM

I. PAY TO (PLEASE PRINT):

<table>
<thead>
<tr>
<th>PAYEE FIRST NAME</th>
<th>PAYEE LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY, STATE, ZIP</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAYEE SOCIAL SECURITY NUMBER</th>
<th>TAX NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORGANIZATION NAME TO BE CHARGED</th>
<th>ORG NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. DESCRIPTION OF SERVICES


III. DATES OF SERVICES

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. PAYMENT AMOUNT

1. SERVICES COMPLETE A OR B (Include Invoice, State Voucher and Tax Determination Form)

<table>
<thead>
<tr>
<th>A. Contract Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Rate per hour/ day</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Total | $ |

   $ |

V. PAYEE CERTIFICATION - PLEASE CHECK BELOW

I certify that the above services have been performed and that the reimbursement claimed is a true and accurate representation. I further certify that I am ___ or I am not ___ currently on the NYS payroll.

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VI. DEPARTMENT AUTHORIZATION

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

<table>
<thead>
<tr>
<th>AUTHORIZED SIGNATURE OF EXECUTIVE OFFICER/DEPARTMENT HEAD</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTHORIZED SIGNATURE OF PROVOST</th>
<th>DATE</th>
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<tr>
<th>PRINT NAME</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
**STANDARD VOUCHER FOR CUNY**

1. **Originating Agency**: [Block with details]
2. **Org. Agency Code**: 70090
3. **Interest Eligible (Y/N)**: Y
4. **P-Contract**: [Block with details]

### Payment Date
- **(MM) (DD) (YY)**: [Block with details]
- **Check Date**: (MM) (DD) (YY)
- **Liability Date**: (MM) (DD) (YY)

5. **Payee ID**: [Block with details]
6. **Additional**: [Block with details]
7. **Zip Code**: [Block with details]
8. **Route**: [Block with details]
9. **Payee Amount**: [Block with details]

### Payee Name
- **(Limit to 30 spaces)**: [Block with details]
- **1099 Code**: [Block with details]
- **Merch/Inv. Rec'd Date**: (MM-DD-YY)
- **Statistic Type**: [Block with details]
- **Statistic**: [Block with details]

### Address
- **(Limit to 30 spaces)**: [Block with details]
- **Ref/Inv No.**: (Limit to 20 spaces)
- **Ref/Inv Date**: (MM) (DD) (YY)

### City
- **(Limit to 20 spaces)**: [Block with details]
- **State**: [Block with details]
- **Zip Code**: [Block with details]

### Description of Material/Service
- **If items are too numerous to be incorporated into the block below, use form AC 93 and carry total forward**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Unit</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
</table>

### Payee Certification
- **I certify that the above bill is just, true and correct, that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded**

- **Payee's Signature in Ink**: [Block with details]
- **Title**: [Block with details]
- **Date**: [Block with details]
- **Name of Company**: [Block with details]

### FOR AGENCY USE ONLY

<table>
<thead>
<tr>
<th>Merchandise Received</th>
<th>Date</th>
<th>Page No</th>
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<tbody>
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</table>

### STATE COMPTROLLER'S PRE-AUDIT

<table>
<thead>
<tr>
<th>Certified For Payment of Net Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verified</td>
</tr>
<tr>
<td>Audited</td>
</tr>
<tr>
<td>By</td>
</tr>
</tbody>
</table>

### BUSINESS MANAGER

<table>
<thead>
<tr>
<th>Authorized Signature</th>
</tr>
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<tbody>
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</table>

### Expenditure

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Cost Center</th>
<th>Var.</th>
<th>Yr.</th>
<th>Object</th>
<th>Accum.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td>Dept.</td>
<td>Statewide</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liability Date</th>
<th>From (MM) (DD) (YY)</th>
<th>Date (MM) (DD)</th>
</tr>
</thead>
</table>

### Liquidation

<table>
<thead>
<tr>
<th>Orig. Agency</th>
<th>PO/Contract</th>
<th>Line</th>
<th>F/P</th>
</tr>
</thead>
<tbody>
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<td>Dept.</td>
<td>Statewide</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<th>From (MM) (DD) (YY)</th>
<th>Date (MM) (DD)</th>
</tr>
</thead>
</table>
The Graduate Center of The City University of New York

Determination of Residency Status for Tax Purposes

**Personal Information**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payee E-mail Address</td>
</tr>
</tbody>
</table>

**Current Mailing Address in the United States**

| Current Mailing Address in Home Country |

**Tax Identification Number (Social Security Number or Individual Taxpayer Identification number)**

**Status Information**

- [ ] I am a United States Citizen
- [ ] I am a United States Permanent Resident (provide a copy of your green card)
- [ ] I am a Temporary Resident (Non Resident Alien in the United States)

**Certification of B1 & B2 Visa Holder**

- VWB & VWT Visa Waiver

- [ ] The services performed at the Graduate Center for ____ days.
- [ ] I have not accepted any payments from more than 5 institutions for similar work performed.

**I certify that to the best of my knowledge, the information on this form is true and correct**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Accounts Payable**

**Payroll**
The Graduate Center of The City University of New York

Tax Compliance Notification Sheet (Accounts Payable)

The Internal Revenue Service ("IRS"), the U.S. government tax authority, has issued strict regulations regarding the taxation and reporting of payments made to both U.S. and non-U.S. citizens. As a result, The City University of New York ("CUNY") may be required to withhold U.S. income tax and file reports with the IRS in connection with payments made to you by CUNY.

U.S. Citizens and Permanent Resident Aliens:

Please complete the attached Form W-9 (Request for Taxpayer Identification Number). Return the completed Form W-9 to CUNY Representative who provided this document to you. Do not complete any other information on this form.

Non-U.S. Citizens and Non-U.S. Permanent Resident Aliens:

All individuals who are not citizens or permanent resident aliens of the United States are required to complete an Individual Record using the GLACIER Online Tax Compliance System. Please complete the information below to receive a password and instructions on how to access GLACIER. An e-mail will be sent to you from support@online-tax.net; you must follow the directions in the email as soon as you receive it. If you do not receive the password or if you do not have access to the Internet, please contact the Nonresident Alien Tax Specialist. DO NOT complete a Form W-9.

GLACIER is accessible via the Internet from any web-accessible computer from anywhere in the world. When you receive your password and instructions, please complete the information in GLACIER immediately. GLACIER is simple and convenient to use; however if you need assistance, please contact the Nonresident Alien Tax Specialist. Payment will not be made until all required information is entered into GLACIER and all forms are submitted for processing.

Please note that a consultant or guest speaker is responsible for entering the U.S. under a visa or visa waiver that allows payment for services, including honoraria or guest speaker fees, (if applicable) and/or reimbursement for travel (if applicable). If already present in the U.S., appropriate permission must be received from host institution prior to coming to CUNY.

The Nonresident Alien Tax Specialist, Accounts Payable located at:

Graduate Center - CUNY
Ms Angella Bowley - Room 8401
365 Fifth Avenue
New York, N.Y. 10016
Telephone: (212) 817-7668
Email: ABowley@gc.cuny.edu

I declare that I have been notified of my requirement to complete certain information in GLACIER. I understand that a Password and instructions for access to GLACIER will be sent to me via email within several days.

Non U.S. Citizen/Permanent Resident Alien First Name

Non U.S. Citizen/Permanent Resident Alien Last Name

Signature

Date

Email

Phone Number
Nonresident Alien Visitor – Honorarium Payment
Payroll Transmittal Form

Independent Contractor’s Last Name: ___________________________  First Name: ___________________________

SSN / ITIN: ________________________________________________

U.S. Address: ____________________________________________  Foreign: Address: __________________________

City, State, Zip Code: _________________________________  City, State, Zip Code: _______________________

<table>
<thead>
<tr>
<th>Description of services:</th>
<th>Lecture</th>
<th>Presentation</th>
<th>Consulting</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates of Services: (not to exceed 9 days):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From: ____ / ____ / ________ to: ____ / ____ / ________</td>
</tr>
<tr>
<td>2. From: ____ / ____ / ________ to: ____ / ____ / ________</td>
</tr>
<tr>
<td>Date Services Completed: ____ / ____ / ________</td>
</tr>
</tbody>
</table>

Faxed completed Tax Compliance Notification Sheet to Nonresident Alien Tax Specialist on: ____ / ____ / ________.

I Certify to the best of my knowledge that the above information is correct and that the services have been performed.

Department Name: ____________________________  Phone: ____________________________

Authorized Signature: ____________________________  Date: ____ / ____ / ________

Print Name: _________________________________  Title: ________________________________

---

Payment authorization to be completed by the Business Manager or designee:

- Contractor has completed an Individual record using Glacier Online Tax Compliance System, copy of Tax Summary Report and all applicable tax forms as necessary attached.
- Contractor certifies compliance with 9/5/6 requirements, copy of GLACIER attestation attached.
- Does not constitute an employee/employer relationship. Worker should be paid as NRA Visitor – Honorarium.
- Does constitute an employee/employer relationship. Worker should be paid as an employee.

Gross amount to be paid to Nonresident Alien: ________________ $

_Gross = Net Amt / (1 – Ratio) Example: 100 Net at 30%; Gross = 100 / (1-30%)_

Authorized Signature: ____________________________  Date: ____ / ____ / ________

Print Name: _________________________________  Title: ________________________________

College: ______________________________________________________________________

---

Payroll:

Process Date: ____ / ____ / ________  Check date: ____ / ____ / ________  By (initials): ________
Nonresident Alien Visitor - Honorarium Payment
Employee vs Independent Contractor Worker Status Determination & Approval of Claim for Payment of Services Performed

The following checklist is to assist in the determination between an employee and an independent contractor. Federal and State regulations assume all services are provided by employees and places the burden of proof on the employer to show that an independent contractor relationship exists. A nonresident alien who meets the independent contractor worker status determination and follows the 9/5/6 rule should be paid as a Visitor - Honorarium (9 Days - Limit of number of days at any single institution; 5 institutions - Limit of number of institutions that can pay honoraria; 6 Months - Limit of time period within to receive honoraria).

Independent Contractor's Last Name  
First Name  
SSN / ITIN #

U.S. Address:  
Foreign Address:  
City, State, Zip Code  
City, State, Country, Postal Code

Answering "YES" indicates an independent contractor. Answering "NO" to any of the following questions, strongly suggests an employee/employer relationship. The independent contractor to perform services:

1. is engaged in an independently established trade, occupation, profession or business that makes the same services available to other clients and businesses on a regular or consistent basis  
YES ( ) NO ( )

2. is not a current employee of CUNY; and was not an employee in the last six months providing a related service  
YES ( ) NO ( )

3. is providing services that are not similar to those currently being provided or that cannot be provided by any CUNY employee(s)  
YES ( ) NO ( )

4. is providing services, that are not performed on a full time, regularly occurring or continuing basis at CUNY  
YES ( ) NO ( )

5. is free from CUNY control or direction in the performance of the service. CUNY has the right to control only the outcome, while the individual will be responsible for determining the means and methods used to perform services.  
YES ( ) NO ( )

6. is paid on the basis of a completed project  
YES ( ) NO ( )

7. will set priorities on the amount of effort and hours of work to accomplish the required services within a stated time frame.  
YES ( ) NO ( )

8. is responsible for furnishing the knowledge, supplies, equipment and/or tools necessary to perform the service, and entitled to the resulting profit or loss  
YES ( ) NO ( )

9. will receive no training, supervision, or instruction from the University, other than conveying the scope of services desired  
YES ( ) NO ( )

Description of Services:  
Lecture  
Presentation  
Consulting  
Other

Date of Services (Not to exceed 9 days)  
From  
To  
Date Services Completed  
From  
To

Faxed completed Tax Compliance Notification Sheet to Nonresident Alien Tax Specialist on:

I certify to the best of my knowledge that the above information is correct and that the services have been performed.

Department  
Phone #  
Date

Title  
Print Name  
Authorized Signature

Payment authorization to be completed by Business Manager or Designee:

( ) Contractor has completed an individual Record using the GLACIER Online Tax Compliance System, copy of Tax Summary Report and all applicable tax forms as necessary, attached.

( ) Contractor certifies compliance with 9/5/06 requirements, copy of GLACIER attestation attached.

( ) Does not constitute employee/employer relationship. Worker should be paid as a Nonresident Alien Visitor - Honorarium

( ) Does constitute an employee/employer relationship. Worker should be paid as an employee.

Authorized Signature:  
Date:

Print Name:  
Title:  
College:
# EXPENSE SHEET

**Name**

**Social Security Number**

**Place**

**Home Address**

**City/State/Zip Code**

**DATE OF TRIP**

**Purpose of Trip**

**TRANSPORTATION:**

<table>
<thead>
<tr>
<th>FROM</th>
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**TAXIS/CARFAR (INCL.TIPS):**

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**LOGING (GIVE DATES):**

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  ____ NIGHT(S) AT $__________/NIGHT

**MEALS**

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<tr>
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<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
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</table>

**TOTAL AMOUNT DUE:**

$__________

**Payee Signature**

**Date**

**Signature – Executive Officer**

**Date**

**Signature – Provost**

**Date**

**ORGANIZATION TO BE CHARGED**

Rdn/ca/revised/03/07
Application for Travel Allowance

Important Note
In order to receive a Graduate Center reimbursement, you must identify your affiliation as “The Graduate Center, CUNY” on all materials associated with the conference. If you are also appointed at another campus, both affiliations should be included.

Name of Applicant: 
Telephone Ext.:  
Soc. Sec. No.: 

Title:  
Program or Department:  

1. Specific purpose of trip:

2. Dates of travel - From:  
To:  
Destination:  

Type of transportation:

3. Amount requested for transportation (When making reservations, ask for the Government Rate - NYS): $  
Airplane or Railroad: Support travel by original plane or railroad ticket.  Auto:  The total of this item will be figured at 48.5¢ per mile.  Toll and parking charges will be reimbursed, within NYS guidelines, upon presentation of receipts.  A Statement of Automobile Travel (Form AC-160) must be submitted with the voucher along with a written justification for use of personal vehicle.

4. Amount requested for subsistence, if any (When making room reservations*, ask for the Government Rate - NYS): $  
Method I — Hotel room shall not exceed $36.00 per day.  Meals shall not exceed $14.00 per day (not to include lunch).  Total room and meals shall not exceed $50.00 per day (including taxes and tips) in an out-of-town location.  Receipts for the cost of the room must be presented with the voucher after your return.
Method II — All receipts for the cost of both room and meals (excluding lunches) must be presented with the voucher after your return.  Maximum reimbursement for lodging and meals (including taxes and tips) depends upon destination.

For: 
maximum per day for lodging $ & meals $ = $ Max. per diem. (destination) (daily allowance for breakfast $, for dinner $  )

*NOTE: “Express Check-Out” receipts for hotel charges may NOT be submitted for reimbursement.  You must request a final bill be given or sent to you which shows a $0.00 balance and method of payment.

5. Amount requested for registration fee at meeting $  
(Original Receipt or copy, front and back, of cancelled check is required.)

6. Total amount requested: $  

New York State requires verification of meetings/conferences.  A copy of printed material indicating location and dates must be submitted with the completed voucher.

Signature of traveler:  
Date:  

APPROVAL OF SUPERVISOR OR HEAD OF DEPARTMENT OR PROGRAM

In my judgment it will be beneficial to the University for the applicant to undertake the trip above stated.

Signature:  
Date:  

APPROVAL OF PROVOST OR VICE PRESIDENT

Please forward this form to the respective Provost or Vice-President.  If approved, the applicant will be furnished with voucher form to be submitted to the Provost’s Office of The Graduate School and University Center upon return.

☐ Approved  
☐ Not Approved  
Amount $  

Signature:  
Date:  

FY ☐ NYS ☐ Other
TRAVEL VOUCHER

The Graduate School of CUNY

État of NEW YORK

Orig. Agency Code
70090

Interest Eligible (Y/N)
N

Payment Date
(MM) (DD) (YY)

OSC Use Only

Likelihood Date
(MM) (DD) (YY)

Payee ID

Zip Code

Route

Payee Amount

MIR Date
(MM/DD/YY)

Payee Name (Last)

IRS Code

Ref/Inv. No. (Limit to 14 additional spaces)

Agency Use Only

Stat. Type

Statistic

Indicator-Dept.

Negotiating Unit

Travel Advance
No

Amount:

Continuous

Ref/Inv. Date
(MM) (DD) (YY)

6 Destination (Include County)

Purpose of Travel:

Date and Time of Departure:
AM/PM

Date and Time of Return:
AM/PM

Mode of Transportation:

Transportation Request Used:
No

Yes

Lodging Request Used:
No

Yes

Transportation Expense:

Per Diem Allowance

Days @ $ per day @ $ Total @ $ Amount of Lodging Request

Meals Only:

Breakfasts @ $ Dinners @ $

Breakfasts @ $ Dinners @ $

Miscellaneous Expenses/Explanations:

Total Mileage from attached AC 160:

miles @ c per mile

PAYEE'S CERTIFICATION

I hereby certify that the above account and schedules annexed are just, true and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

Official
Signature
Station
Official Title
Home
Address
City
Dated

Supervisor's Certification

I, the claimant's supervisor, certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

Signature of Supervisor
Title
Date

EXPENDITURE

Cost Center Code

Object

Accum

Amount

Liquidation

Dept.
Cost Center Unit
Var Yr

Statewide

Origin Agency

PO/Contract

F/P

LIABILITY DATE

(MM) (DD) (YY)

SUBLEDGER

(Optional)

Check if Continuation form is attached.
## STATE OF NEW YORK

**STATEMENT OF AUTOMOBILE TRAVEL**

(Submit with travel expense voucher)

---

### Sub-voucher No.

---

### PAYEE:

---

### Sheet No.

---

<table>
<thead>
<tr>
<th>Date</th>
<th>Between What Points</th>
<th>Meals Only*</th>
<th>Hour of Departure</th>
<th>Hour of Arrival</th>
<th>Miles Traveled</th>
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*Enter meals not included in per diem; B for breakfast, D for dinner.*

I hereby certify that the travel indicated was necessary and on official business of the state.

---

Signature of Traveler
The Graduate School and University of New York, 365 Fifth Avenue, N.Y. N.Y. 10016

Purchase Requisition

Department: Graduate Budget / Source of Funds  Comptroller’s Contract No.

<table>
<thead>
<tr>
<th>Index</th>
<th>Location &amp; Address: The Graduate School &amp; University Ctr 16 E 35th St NY, NY 10016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone No: (         )          -</td>
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</table>

Deliver To/Attn Of:  Room No.  Fax No: (         )          -

Instructions: 1. Use a separate requisition for each Budget Account or Funding source. 2. Items listed on requisition must be for similar commodities that can be purchased from a single supplier. 3. Submit completed requisition to the Purchasing Department.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description: Be Specific, Include Catalog Number, Size, Color, etc.</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Amount</th>
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</table>

Total

I hereby certify that the items above are necessary and that they are for purposes specified in the budget approved for this department.

Department Head  Approval Signature  Date

Recommended Vendor (Name and Address)  Vendor Liaison Name & Telephone No.

Federal ID Number

For Purchasing Office Use Only

Requisition Number  P.O. No.  Commodity Code

<table>
<thead>
<tr>
<th>Yr</th>
<th>Index</th>
<th>Fund</th>
<th>Orgn</th>
<th>Acct</th>
<th>Prog</th>
<th>Actv</th>
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</table>
# PAYMENT REQUEST

**FUND:** 119987  **DESCRIPTION:** Provost  
**MANAGER:** Robert Nival  
**AMOUNT:**

<table>
<thead>
<tr>
<th>Banner I.D.</th>
<th>PAYEE NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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</thead>
</table>

**SOCIAL SECURITY NUMBER OR FEDERAL ID (REQUIRED)**

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Description</th>
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<tbody>
<tr>
<td>☐ 731871</td>
<td>SCHOLARSHIP/FELLOWSHIP FOR THE MONTH OF (Tuition) INCLUDE SCHOLARSHIP CERTIFICATION FORM</td>
</tr>
<tr>
<td>☐ 731559</td>
<td>SCHOLARSHIP/FELLOWSHIP FOR THE MONTH OF (Non-Tuition) INCLUDE SCHOLARSHIP CERTIFICATION FORM</td>
</tr>
<tr>
<td>☐ 714401</td>
<td>CONSULTANT - UNDER $1,000 (Non-CUNY Employees Only) INCLUDE MEMO OF UNDERSTANDING AND INVOICE</td>
</tr>
</tbody>
</table>
| ☐ 714401 | CONTRACTUAL AGREEMENT - $1,000 and over (Non-CUNY Employees Only) INCLUDE INVOICE (AGREEMENT FORM MUST BE ON FILE)  
| ☐ 714480 | HONORARIUM (Non-CUNY Employees Only) INCLUDE GD-3 FORM AND COPY OF FLYER OR ANNOUNCEMENT |
| ☐ OTHER: | INCLUDE ORIGINAL VENDOR INVOICE  
| ☐ LOCAL TRAVEL | S | 712410 POSTAGE | S |
| ☐ SUPPLIES | S | 712203 HOSPITALITY | S |
| ☐ OTHER (PLEASE EXPLAIN) | S |

- ☐ 731311 Salary and Fringe Benefits for:  
- ☐ 731315 Salary and Fringe Benefits for Student:

With my signature below, I certify that this request for payment is for College related business, and is in compliance with any outside restrictions of this fund.

**REQUEST APPROVED BY:**

**Telephone:**

**Check Should Be Mailed**

**Check Will Be Picked Up**

Please do not call. Check processing takes three (3) to five (5) days.

For Business Office Use Only

<table>
<thead>
<tr>
<th>COA:</th>
<th>Fund: 119987</th>
<th>Orgn:</th>
<th>Acct:</th>
<th>Prog: 211054</th>
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PETTY CASH REIMBURSEMENT REQUEST

DATE

PAYEE

DEPARTMENT

ITEM PURCHASED

REASON FOR PURCHASE

AMOUNT $ ________________

SUPERVISORS APPROVAL

Original receipts must be submitted Taxes are not a reimbursable item

PAYMENT RECEIVED

ATTACH RECEIPTS IF ANY. (BELOW)

FOR BUSINESS OFFICE USE ONLY

COA: T FUND: 112017 ORGN: 182184 ACCT: 181400 PROG: 226054 ACCT: _______

STATE CODE: 70 COST CENTER 1A YR OBJECT: FAS: _______

TO BE USED FOR CASH BELOW $50.00
Personal Reimbursement Request  
Tax Levy Funds Only

Date __________________
Social Security Number___________________
Program ______________________________
Telephone ______________________________

PAYEE: __________________________________________
ADDRESS: ____________________________ APT: ______
CITY: __________________ STATE: _____ ZIP: ______
BANNER ID: __________________ Invoice: ______

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE OF EXPENSE</th>
<th>ACCOUNT/OBJECT</th>
<th>REASON FOR EXPENSE</th>
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<td></td>
<td>SUPPLIES</td>
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<td>POSTAGE</td>
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TOTAL DUE $ ______________

I hear by certify that the above account of expenditures is a true and correct statement of disbursements actually made by me; that the above sums were necessary in the performance of my official duties; and further certify that no part thereof has been paid to me as stated thereon, and that the balance as shown therein is actually due me.

_____________________________________________ Payee Signature

Approved by: 

Include ORIGINAL paid receipts with your request
Reimbursement are mailed directly to the home address

Supervisor

<table>
<thead>
<tr>
<th>FUND</th>
<th>ORGN</th>
<th>COSTCENTER</th>
<th>ACCT/OBJECT</th>
<th>FAS</th>
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</table>

DON'T USE FOR BELOW $50.00

REIMBURSMENT FORMCOPYPRINT
CO 03/09/2009