Brooklyn College — The City University of New York

Non PO Voucher Form No Handwritten Forms Will Be Accepted

CUNYfirst

1. NYS Employee ID	2. CUNYfirst EMPLID	3. Social Security Number	*Accounts Payable Use Only* Voucher Number
4. Type of Employee ☐ State ☐ Non-Tax ☐ Student ☐ City ☐ Research Foundation			Invoice Number
5. First Name		6. Last Name	Invoice Date — MIR Date
7. Address 1			Payee Amount — Goods Received Date
Address 2			13. Department Name
8. City	9. State	10. Zip	14. Refer Questions To — 15. Extension
11. Country		12. Mobile Number	16. Email

#	17. Date	18. Description	19. Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		Total	

20. CUNYfirst Chart Field Crosswalk

Department Number	Program	Fund	Operating Unit	Special Initiative	Fund Source	MP	Account Number

21. Payee's Certification

I hereby certify that the above account and attached receipts 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 official duties.

_____ _____ _____
Authorized Signature   Title   Date

22. 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.

_____ _____ _____
Authorized Signature   Title   Date

For Agency Use Only

I certify that this claim is correct and just, and that this payment is approved.

_____ _____
Authorized Signature   Date

Account	Amount

Please print, sign, and submit **original** form to the Office of Accounts Payable in **1424 Boylan Hall.**

Form is to be used by Brooklyn College employees and students seeking reimbursement for supplies, subscription, membership, registration, local travel and other business related expenses.
Please submit typed forms with signatures in ink. Departments need to make sure there are sufficient funds in CUNYfirst to cover the request. The reimbursement request does not need to be entered in CUNYfirst.
Please forward properly executed form to the Office of Accounts Payable.

---

1. Enter payee's New York State Employee ID (NYS EMPLID). The number can be found on the State's pay check stub i.e. **N12345678** (State employees only).

2. Enter payee's eight-digit CUNYfirst Employee ID.

3. Enter payee's nine-digit Social Security Number. You must enter your full SSN for the first time reimbursement via CUNYfirst. If you submitted paperwork for reimbursement since July 1st, 2013, you may enter the last 4 digits of your SSN.

4. Please check what type of Brooklyn College employee payee is. Please check all applicable. If he/she is a Brooklyn College student and a State employee-check both: student and State.

5-12. Please enter payee's first, last name, mailing address and mobile number. Please note the address must be the same address as provided to Payroll Office. If you would like to have a different mailing address you will need to change the address with Payroll first and then complete this form. For employees payroll checks set up for direct deposit, the reimbursement will be deposited as a separate transaction into the same bank account(s) provided to Payroll.

13. Enter department name for this reimbursement.

14-16. Enter the contact person's name, extension and email for any questions related to this reimbursement.

17-19. Enter the date, description and amount for a transaction. Please see example below.

11/27/2013	Tolls & mileage for meeting at Kingsborough	$25.76

20. Enter department number, program, fund, operating unit, special initiative, fund source, and MP.
Please use CUNYfirst chart field crosswalk:

http://www.brooklyn.cuny.edu/bc/offices/avpbandp/finance/cunyfirst/crosswalk.htm

21. Payee's signature, title and today's date are required.

22. Supervisor's/chairperson's signature, title and today's date are required.