HOFSTRA UNIVERSITY

Sponsored Programs Consultant Reimbursement Report

Send this form with approvals to : Accounts Payable, Phillips Hall

Print Name:	Date:	SSN/TIN:
Address:		Telephone:

Statement of Business Purpose (Required) must identify the nature of the business, individuals participating, and individuals business affiliation:

Budget Information				Total Amount Requested:
Fund #	Org #	Account #	Program	

The independent contractor must sign the Sponsored Programs Consultant Reimbursement Report and submit it to the Principal Investigator for authorizing signature. All reports shall include the individual's name, social security number, address, budget number, dates of travel, place of travel, detail of items being reimbursed, amounts and statement of business purpose. Sponsored Project Consultant Reimbursement Reports should be submitted to Accounts Payable, 011 Phillips Hall, within 30 days following the expenditure.

Place of Travel:

Dates
From: To:

Responsibility of the Authorized Signer: All reimbursements shall be authorized by the Principal Investigator. The authorized signer is entrusted with the responsibility of verifying that the expenses were necessary and reasonable, are within the grant budgetary allocations, and were incurred while conducting University business in accordance with established University policies and grant guidelines. The authorized signer must also ensure that expense reports are complete, and supported by a Statement of Business Purpose and original receipt documentation.

Approval(s) Print and sign name

PI/PD:	Date:
Dean/Chair:	Date:
Grants Manager:	Date:

Responsibility of the Consultant: Individuals should exercise good judgment in the spending of University funds, and shall complete a Sponsored Programs Consultant Reimbursement Report for authorizing review, attach **original documentation** and a Statement of Business Purpose. To expedite the reimbursement all necessary support must be included, and the Sponsored Programs Consultant Reimbursement Report must be completed and signed by the Principal Investigator.

Expenses left unreported for 6 months or longer will not be reimbursed, and the expenses will remain the responsibility of the consultant. All reports must include a **Statement of Business Purpose and Original Receipt Documentation**

Non-Employee Consultant Signature (Required):_____

Do not write in spaces below

Date	Voucher No.	Paid to	Amount	Account	Comments

Rev1