



# HR Guest Travel Expense Reimbursement Request

**INSTRUCTIONS:** Princeton University reimburses eligible candidates and newly hired regular monthly-paid staff for reasonable expenses incurred when traveling or relocating to the Princeton area. **Complete and submit a scanned copy of this form along with all receipts to [careers@princeton.edu](mailto:careers@princeton.edu) no later than 30 days after travel is completed.** Payment is issued usually within 10-15 business days of receipt of this form.

Travel questions? Contact your talent acquisition specialist. Relocation questions? Contact your onboarding administrator.

REQUISITION NUMBER		PURPOSE	
FIRST NAME	MIDDLE INITIAL	LAST NAME	
EMAIL ADDRESS			PHONE NUMBER
MAILING ADDRESS			
DEPARTURE DATE (MM/DD/YYYY)	RETURN DATE (MM/DD/YYYY)	DESTINATION (CITY, STATE, COUNTRY)	

### Expense Details

DATE (MM/DD/YY)	DESCRIPTION OF EXPENSE	AMOUNT
<b>TOTAL</b>		

### Guest Signature and Consent

I certify that:

1. This is a true and accurate accounting of expenses incurred to accomplish official business for Princeton University and there are no expenses claimed as reimbursable which relate to personal or unallowable expenses.
2. All required receipts have been attached to this report.
3. I have not received, nor will I receive, reimbursement from any other source(s) for the expenses claimed.
4. In the event of overpayment or if payment is received from another source for any portion of the expenses claimed, I assume responsibility for repaying Princeton University in full for those expenses.

GUEST (PRINT NAME)	DATE SIGNED (MM/DD/YYYY)	
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### Departmental Use Only

**INSTRUCTIONS:** This form should be signed by the Approver and attached to a non-PO payment request.

	REQUIRED FOR ALL TRANSACTIONS			OPTIONAL			REQUIRED FOR CAPITAL OR SPONSORED PROJECT		
AMOUNT	DEPARTMENT	FUND	ACCOUNT	PROGRAM	SITE	PCBU	PROJECT	ACTIVITY	
\$									
\$									
\$									
\$									
\$									
\$									
\$									
	<b>TOTAL</b>								

I certify that I have reviewed the expenses included in this report, including required receipts. I have reviewed the allocation of expenses and confirm that they are compliant, appropriate, and allowable under University policy and any applicable sponsor restrictions.

APPROVER (PRINT NAME)	DATE SIGNED (MM/DD/YYYY)	
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