

**New York-Presbyterian Hospital  
Graduate Staff Business Expense Reimbursement Request**

Date \_\_\_\_\_

Graduate Staff Name \_\_\_\_\_

Amount Requested \_\_\_\_\_

I hereby attest and confirm that I have reviewed the accompanying receipts and certify that these expenses were incurred to accomplish official business for the Hospital. There are no expenses claimed as reimbursable which relate to personal or unallowable expenses.

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Name (please print)

Cost Center					
8	0	6	0	4	3

Account Number				

***Note: The cost center and account number should be the ones used prior to Concur***

**Please electronically attach this form, along with an 8.5" x 11" sheet of paper with copies of all receipts, to the Concur expense report.**