CLAIM FOR PAYMENT

(*Instructions: This Claim for Payment form is to be submitted with the speaker’s invoice*)

1. PAY TO (please print):

|  |  |
| --- | --- |
| PAYEE FIRST NAME | PAYEE LAST NAME |
| HOME ADDRESS | |
| CITY, STATE, ZIP | TELEPHONE NUMBER  ( ) - |
| PAYEE EIN (LEAVE BLANK IF SSN) | FAX NUMBER  ( ) - |
| DEPARTMENT NAME TO BE CHARGED | DEPARTMENT NUMBER TO BE CHARGED |

1. DESCRIPTION OF SERVICES:
2. DATES OF SERVICES:

|  |  |
| --- | --- |
| FROM | TO |
| FROM | TO |

1. PAYMENT/REIMBURSEMENT AMOUNT:
   1. Services (complete A **or** B):
      1. Contract Fee $
      2. Rate per hour/day $ x hours/days $
   2. Travel Expenses (non-employee only - refer to current travel guidelines):
      1. Transportation ($ /mile x miles) $
      2. Lodging (Amount/Day x days) $
      3. Meals (non-employee per diem only) $

D. Other (attach explanation/justification) $

**TOTAL: $**

1. PAYEE CERTIFICATION:

**I certify that the above-listed services have been performed and that the reimbursement claimed is a true and accurate representation. In accordance with the New York State Public Officers Law § 73(8)(a)(i), I further certify that during the last two (2) years I have not been employed or paid by CUNY, SUNY, New York State agency or any entity that derives its funds from New York State.**

Print Name Signature Date

1. UNIVERSITY/COLLEGE DEPARTMENT AUTHORIZATION:

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

Print Name Signature Date

CUNY ICA – December 2016