

### CUNY/HRA OTPS Reimbursement Form

**Name of Employee:** \_\_\_\_\_

**HRA Office:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**OTPS Details:**

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**Total Amount:** \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of HRA Supervisor \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of HRA Program Manager \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_