

CUNY/HRA Travel Reimbursement Form

Name of Employee: _____

HRA Office: _____

Name of Supervisor: _____

Travel Details:

Date & Time of Travel	Destinations (From/To)	Purpose of Trip	Amount

Employee Signature _____

Print Name: _____

Title ___IT Specialist_____

Date _____

Signature of Supervisor _____

Print Name: _____

Title _____

Date _____

Signature of HRA Program Manager ___**Michael Kusila**_____

Title _____

Date _____