



Eugenio María de **Hostos Community College**
Of The City University of New York
500 Grand Concourse, Bronx, New York 10451
Phone (718) 319-7961 Fax (718) 319-7964

Accounts Payable Department

HELLO,

RE: TRAVEL EXPENSE or PERSONAL EXPENSE

IN ORDER FOR US TO PROCESS YOUR TRAVEL EXPENSE/PERSONAL EXPENSE VOUCHER FOR PAYMENT, WE NEED YOU TO COMPLETE 2 FORMS: **W-9 FORM** AND **CUNYFIRST TRAVEL & EXPENSE FORM**.
(This is needed for reimbursement purposes only).

FORMS ARE ATTACHED TO THIS EMAIL, PLEASE FOLLOW THESE INSTRUCTIONS:

W-9 FORM

PART I

1. PRINT YOUR NAME
2. (LEAVE BLANK)
3. CITY EMPLOYEE

PART II

SOCIAL SECURITY #

PART III

1. **1099 Address:**
HOSTOS COMMUNITY COLLEGE 500 GRAND CONCOURSE BRONX, NY 10451
2. **Account Administrator Address:**
HOSTOS COMMUNITY COLLEGE 500 GRAND CONCOURSE BRONX, NY 10451
3. **Billing, Ordering & Payment Address:**
HOSTOS COMMUNITY COLLEGE 500 GRAND CONCOURSE BRONX, NY 10451

PART IV (LEAVE BLANK)

PART V

SIGN YOUR NAME, YOUR HOSTOS PHONE #, DATE, HOSTOS EMAIL ADDRESS
SECOND LINE FOR PHONE # - WRITE YOUR CUNY FIRST ID NUMBER.

CUNYFIRST TRAVEL & EXPENSE FORM

MUST PRINT FORM BACK TO BACK – ONLY 2 PAGES WILL BE ACCEPTED

COMPLETE THE **EMPLOYEE INFORMATION SECTION** ONLY (PAGE 1)

APPROVALS AND SPECIAL CONSIDERATION (PAGE 2): FOR EMPLOYEE SECTION,
LAST NAME AND FIRST NAME

MANAGERIAL REQUEST – TO BE COMPLETED BY YOUR SUPERVISOR

***HAND DELIVER OR PUT THE ORIGINAL IN THE INTEROFFICE MAIL TO THE ACCOUNTS PAYABLE OFFICE.**