



Non Employee Reimbursement Form

This form is used for expenses incurred for lodging, travel, meals, etc. The information is required for all guests of the College of Engineering in order for any reimbursement to occur. **Original** receipts for all expenses **must** be submitted with this form. We do not accept receipts for gas. Please submit miles traveled for reimbursement for auto travel with to and from addresses. E-tickets are acceptable but must clearly state the flight information and cost. General travel itineraries cannot be accepted.

All information MUST be completed for a reimbursement to be issued (including social security #).

First Name: _____ Last Name: _____ Social Security #: _____

Local Address: _____ Telephone: _____

_____ Fax: _____

_____ Email: _____

_____ Are you a U.S. citizen? Yes _____ No _____

Permanent Address: _____

Date(s) of Visit: _____ Purpose of Visit: _____

Sponsoring University Department: _____

Departmental Contact Name: _____ Phone: _____

Where would you like your reimbursement check mailed? Local address _____ Permanent address _____

Expenses for which reimbursement is requested:

<i>Type of Charge</i>	<i>Amount</i>	<i>Have Receipt?</i>
Airfare		
Train		
Meals		
Ground Transportation		
Tolls		
Parking		
Mileage		
Other		
Total Reimbursement	\$	

Please remember to submit **original** receipts with this form. Completed forms, required receipts, and any other documentation submitted, will not be returned. Please keep copies of all items for your records. Please allow 3-4 weeks for reimbursement.

For Department Use Only

Purpose Code _____

Account Code _____

Userfield _____