



**College of Engineering  
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 are no longer required.** 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 will not be accepted.

**All information MUST be completed for a reimbursement to be issued:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Local Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
\_\_\_\_\_  
Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Department Use Only**

Purpose Code: \_\_\_\_\_  
Account Code: \_\_\_\_\_  
Userfield: \_\_\_\_\_

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

(for department use only below this line)

Date(s) of Visit: \_\_\_\_\_ Purpose of Visit \_\_\_\_\_

Sponsoring University Department: \_\_\_\_\_

Departmental Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Expenses for which reimbursement is requested:**

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

Completed forms, required receipts, and any other documentation submitted will NOT be returned. Please keep copies of ALL item for your records. Please allow 3-4 weeks for reimbursement.