



NON-EMPLOYEE REIMBURSEMENT REQUEST
(GUEST/INTERVIEWEE/STUDY OR WORKSHOP PARTICIPANT) **Form PUR-119**

This form is to be used to process reimbursement after an approved PUR-107 has been signed.
 W-9 MUST be on file for non-employees to obtain reimbursement of expenses. If individual is not a citizen of the US, a completed W-8BEN MUST be submitted.

Section A - REQUESTOR				
Request Date			Department	
Person Requesting		Phone	E-Mail	
Type of Guest (must check one)	Invited Guest	Interviewee	Workshop/Study Participant	Other _____
IGR # (From top of for PUR-107)				

Section B - PAYEE INFORMATION				
Vendor #/ULID				
Payee Name				
Dates of Service/Travel	Start		End	
Travel Start Location				
Service/Purpose of Visit				

Section C - ITEMIZED REIMBURSABLE EXPENSES				
Original itemized receipts for all claimed expenses must be attached for reimbursement. Only include items directly paid by the individual.				
Expense	Quantity		Amount	
Airfare				NOTE: Honorariums are to be processed through a requisition.
Vehicle Rental (\$ ___/Day)		Days		
Mileage* @ \$ ___ (current state rate)		Miles		*Digital map showing miles traveled MUST be attached.
Lodging** @ \$ ___/day		Miles		*This line is for room charges only, not food/incidentals. Do not include amounts directly paid by the University to the lodging facility.
Meals (Mark the number of each meals for reimbursement.)	Number of Meals Breakfast _____ Lunch _____ Dinner _____			
Misc. Itemized Expenses ***				***Attach additional page for itemization.
Total Reimbursement				

Section D - ACCOUNTING					
Fund	Org	Account	Program	Activity (Athletics ONLY)	Amount

Section E - APPROVALS			
<i>I certify that the expenses claimed for reimbursement on this request were paid with personal funds and incurred while on University business.</i>			
Department	Signature	Printed Name	Date
Requestor			
Department Head			
Supervising Vice President			
Comptroller/SPFAC			
Director of Purchasing			

For Accounts Payable Use ONLY			
Payment Issued by:	Invoice #:	Date:	