

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 expens	es. If individual is not a citizen of the US, a completed W-8BEN MUST be submitted.
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Section A - REQU	ESTOR										
Request Date							Departm	nent			
Person Requestin	ng				Phone			E-Mail			
Type of Guest (mi	ust check one)	Invited	Guest	Intervie	ewee	Work	shop/Study Pa	shop/Study Participant			
IGR # (From top of fo	r PUR-107)										
Section B - PAYEE	INFORMATIO	N									
Vendor #/ULID											
Payee Name											
Dates of Service	:/Travel	Start				End					
Travel Start Loca	ation										
Service/Purpose	e of Visit										
Section C - ITEMIZED REIMBURSABLE EXPENSES											
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Original itemized rec	•	ed expens			for reimbur		•	items directly p	oald by the	individual.	
Expen	ise		Quanti	ty		Amo	unt	NOTE: Hono	rariums a	ro to be processed	
Airfare	/Day)			Davis				NOTE: Honorariums are to be processed through a requisition.			
Vehicle Rental (\$ _	/Day)			Days				*Digital map showing miles traveled MUST be attached.			
Mileage* @ \$(current state rate)			Miles				****			
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 Lu		Number of Breakfast Lunch Dinner	ınch								
Misc. Itemized Expenses ***								***Attach addi	tional page f	or itemization.	
		Total	Reimbu	irsement							
Section D - ACCO	UNTING										
Fund	Org		Account			Program		Activity (Athletics ONLY)		Amount	
		_									
		_									
								<u> </u>			
Section E - APPRO	OVALS										
I certify that the exp	enses claimed for	reimburse	ment on	this request	were paid	vith per	rsonal funds and	d incurred while	e on Univer	rsity business.	
Dep	partment		Signature				Printed Name			Date	
Requestor											
Department Head	d										
Supervising Vice	Supervising Vice President										
SPFAC (If Applicable)											
Director of Purchasing											
For Assounts David	ble Hee ONLY										
For Accounts Paya			Invo!ss	#.			Date				
Payment Issued by	ļ	Invoice #:				pate:	Date:				