

## Non Employee Reimbursement Form

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Request Date: * NR Number *:												
Reimbursee Name: *						organisa Propagayori			Requis	ition #:*		
Affiliation							HUID (Affiliates):*					
Oth	er Explanatio	on			-	n er men er un er en er en				· · · · · · · · · · · · · · · · · · ·		and a state of the
U.S. Citizen or Permanent Resident Yes No Federal Sponsored Yes No												
	Dates of Expense(s) Business Purpose: Provide detailed reasons and date ranges for expenditures. Travel and entertainment expenses require the person(s) and/or organization and location. ALL expenses must be itemized.											
#1					1							
#2												
#3												
ALL EXPENSES MUST BE ITEMIZED INCLUDING EXPENSES LESS THAN \$75  (A DETAILED ITEMIZED LIST FOR EXPENSES LESS THAN \$75 CAN BE ATTACHED TO THIS FORM)												
	T	( A DET	AILEDITE	MIZED LIST	FOREXPE	INSES LESS THAN \$7	5 CAN I	BEATIAC	HED TO	I HIS FORIV	<u>u</u>	
#	Description (date, details, etc)						Air/Rail	Lodging	Ground Trans	Business Meals	Other	Total
#1	Transportation to for work in thelab for the month of										,	
#2	ido for the fi	101111101_			The state of the s			3				
#3			<del></del>					4,				
				₹.S	ub-Total ex	xpenses from page 2				9		Ne .
					To	otal Reimbursement		P.     P.   P.     T.   P.		;		
	Total amount under \$75 itemized in Total Reimbursement											
					4			-				
I certify these are valid University business expenses												
Rein	nbursee Sign	nature:*	See See See	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	inger and the said	e transcention in the second of the	X8.	-27	of the second			
Reimbursee Check Mailing Address:*												
Prepared By (Print): *			-	was a street of the street of			P	hone #		Min harmoni e e consequence de la conse		
١	You agree no	unallowal	ble costs, in	cluding und		expenses under \$75, culars A-21 and A-22		g charged	d to Federa	al Funds as	specified	in OMB
Approved By (Print): *					Cir	Culais M-21 and A-22		hone #				
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TO EXPEDITE PAYMENT, PLEASE RETURN COMPLETED FORM AND REQUIRED DOCUMENTATION TO THE UNIT RESPONSIBLE FOR \*Required Field PROCESSING THE ELECTRONIC REQUEST