



# Non Employee Reimbursement Form

Request Date: \*

NR Number \*:

Reimbursee Name: \*

Requisition #:

Affiliation ☐ Invited Guest ☒ Harvard Student ☐ Other (Explain below)

HUID (Affiliates):\*

Other Explanation

U.S. Citizen or Permanent Resident ☐ Yes ☐ No

Federal Sponsored

☐ Yes ☐ No

Dates of Expense(s)	<b>Business Purpose:</b> 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	
#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)**

#	Description (date, details, etc)	Air/Rail	Lodging	Ground Trans	Business Meals	Other	Total
#1	Transportation to _____ for work in the _____ lab for the month of _____						
#2							
#3							
Sub-Total expenses from page 2							
Total Reimbursement							

**Total amount under \$75 itemized in Total Reimbursement**

**I certify these are valid University business expenses**

Reimbursee Signature:\*

Reimbursee Check Mailing Address:\*

Prepared By (Print): \*

Phone #

**You agree no unallowable costs, including undocumented expenses under \$75, are being charged to Federal Funds as specified in OMB Circulars A-21 and A-22.**

Approved By (Print): \*

Phone #

TO EXPEDITE PAYMENT, PLEASE RETURN COMPLETED FORM AND REQUIRED DOCUMENTATION TO THE UNIT RESPONSIBLE FOR PROCESSING THE ELECTRONIC REQUEST

**\*Required Field**