



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)	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		
#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							
#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**



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Reimbursee Name: *

Requisition #: *

Additional Expenses

#	Description (date, details, etc)	Air/Rail	Lodging	Ground Trans	Business Meals	Other	Total
Sub-Total Reimbursement							

Line Distribution

Business Purpose #	Amount	Tub	Org	Object	Fund	Activity	Sub	Root

*Required Field

HINTS AND POLICY NOTES:

* Please refer to www.travel.harvard.edu for complete policy.

* **This completed form and required documentation must be returned to the local unit for processing.**