



NON-TRAVEL EXPENSES REIMBURSEMENT REQUEST

(For NON-EMPLOYEES a W-9 form must be included)
 (Foreign Nationals will Require Further Forms)

Date Submitted: Date

(reimbursements can NOT be over 6 months old – regardless of funding)

Last Name:

SSN (not UID):

First Name:

If no Social Security Number, please supply password number and copy of password with Visa type.

Department:

Purpose of Expenditure *(please be specific - if Colloquium, which one)*

If a Meal, List of Attendees and Date of Event *(you can attach a list if attendees exceeds spaces below)*

Date: Date

Attendees:

Complete Address

(reimbursement check will be mailed to): **Street**

City

State

Zip Code

Amount of Reimbursement *(per receipt, if more than one):*

	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	\$0.00	\$0.00
	TOTAL:	\$0.00

Funding Source *(i.e. Name of Foundation 1. DRIF - \$500, 2. ARHU Grant - \$500):*

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Traveler's Signature

Department Approver's Name

Requestor's Signature

Please Attach ITEMIZED ORIGINAL RECEIPTS and PROOF OF PAYMENT

DELIVER ORIGINAL DOCUMENTS AND COMPLETED FORM TO:
 Department of Communication | Business Office
 2120 Skinner Building | College Park, MD 20742