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	For travel to the _____ lab located at _____ for the month of _____ 20_____						
#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**