UH FORM NE-INV (Disb)

Non-Employee Invoice

E DOC NUMBER _____

UH Department: _____ Invoice Number: _____

Billing Address: _____ Purchase Order Number: _____

Part A: Complete the following information

Legal Name/Taxpayer ID: _____
Last or Family Name First Personal Name Middle initial

Remittance Address: _____
Number and Street City or Province State or Country Postal Code

Are You an U. S. Citizen?

☐ Yes, I am an U. S. Citizen. (Complete Parts B & C)

☐ No, I am not an U. S. Citizen. I have attached a WH-1 and all other documentation as required for tax status determination. (Complete Parts B and C only)

Part B: Date(s)/Description of Services Performed and/or Date(s)/Purpose of Travel

Part C: Recordation of Expenses

FEE FOR SERVICES RENDERED: . . . . . $ _____

HONORARIUM PAYMENT: . . . . . $ _____

MEALS,LODGING & INCIDENTAL EXPENSES: . . . . . $ _____

MEALS & INCIDENTAL EXPENSES *ONLY*: . . . . . $ _____

LODGING EXPENSE *ONLY*: . . . . . $ _____

MILEAGE: _____ (Total Miles) X $_____ (Mileage Rate) /Mile = ... $ _____

OTHER EXPENSES: Airfare = ... $ _____

Car Rental = ... $ _____

_____ = ... $ _____

_____ = ... $ _____

TOTAL AMOUNT DUE: . . . . . **$** _____

_____ _____

***********Fiscal Office Use Only**********************

Account Information for Data Entry

CHART	ACCOUNT	SUBACCT	OBJECT	SUBOBJ	CHART	ACCOUNT	SUBACCT	OBJECT	SUBOBJ