

# Harvard University Non-Employee Reimbursement Form

University Financial Services | 1033 Massachusetts Ave., 2nd Floor | Cambridge, MA 02138

Request Date \_\_\_\_\_ **REQUISITION#** \_\_\_\_\_ **NR000** \_\_\_\_\_

Reimbursee Name \_\_\_\_\_ **HUID (Harvard Affiliates)** \_\_\_\_\_

**Affiliation**     Invited Guest     Harvard Student     Other: \_\_\_\_\_

**US Citizen or Permanent Resident**     Yes     No                      **Federally Sponsored Funds**     Yes     No

|    | Dates of Expenses | Business Purpose: Provide detailed reasons and date ranges for expenses. Travel and entertainment expenses require the person(s) and/or organization and location. ALL EXPENSES MUST BE ITEMIZED. |
|----|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| #1 |                   |                                                                                                                                                                                                   |
| #2 |                   |                                                                                                                                                                                                   |
| #3 |                   |                                                                                                                                                                                                   |
| #4 |                   |                                                                                                                                                                                                   |

**Summary of Expenses: 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.

| Business Purpose #             | Description (date, detail, etc.) | Air/Rail                                | Ground Transp. | Lodging | Business Meals | Other | Total |
|--------------------------------|----------------------------------|-----------------------------------------|----------------|---------|----------------|-------|-------|
|                                |                                  |                                         |                |         |                |       |       |
|                                |                                  |                                         |                |         |                |       |       |
|                                |                                  |                                         |                |         |                |       |       |
|                                |                                  |                                         |                |         |                |       |       |
|                                |                                  |                                         |                |         |                |       |       |
| <b>TOTAL AMOUNT UNDER \$75</b> |                                  | <b>Subtotal of expenses from Page 2</b> |                |         |                |       |       |
|                                |                                  | <b>Expense Report Total</b>             |                |         |                |       |       |

**REIMBURSEE/CARDHOLDER: I CERTIFY THESE ARE VALID HARVARD UNIVERSITY EXPENSES.**

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Reimbursee Permanent Legal Address:

\*Reimbursee Check Mailing Address:

\*Prepared By \_\_\_\_\_ PRINT Phone \_\_\_\_\_

**APPROVER: I HAVE REVIEWED THESE EXPENSES AND THEY ARE IN ACCORDANCE WITH UNIVERSITY AND TUB POLICY. NO UNALLOWABLE COSTS MAY BE CHARGED TO FEDERAL FUNDS AS SPECIFIED IN OMB CIRCULARS A-21 AND A-22. BY APPROVING THIS REQUEST YOU AGREE NO UNALLOWABLE COSTS ARE BEING CHARGED TO FEDERAL FUNDS.**

\*Approved By \_\_\_\_\_ NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\*Required Fields

# HU Non-Employee Reimbursement Form— PAGE 2

Name \_\_\_\_\_ REQ # \_\_\_\_\_ NR000 \_\_\_\_\_

## Additional Expenses

|     | Dates of Expenses | Business Purpose: Provide detailed reasons and date ranges for expenses. Travel and entertainment expenses require the person(s) and/or organization and location. ALL EXPENSES MUST BE ITEMIZED. |
|-----|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| #6  |                   |                                                                                                                                                                                                   |
| #7  |                   |                                                                                                                                                                                                   |
| #8  |                   |                                                                                                                                                                                                   |
| #9  |                   |                                                                                                                                                                                                   |
| #10 |                   |                                                                                                                                                                                                   |

## Additional Space for Summary of Expenses

| Business Purpose #                    | Description (date, detail, etc.) | Air/Rail | Ground Transp. | Lodging | Business Meals | Other | Total |
|---------------------------------------|----------------------------------|----------|----------------|---------|----------------|-------|-------|
|                                       |                                  |          |                |         |                |       |       |
|                                       |                                  |          |                |         |                |       |       |
|                                       |                                  |          |                |         |                |       |       |
|                                       |                                  |          |                |         |                |       |       |
|                                       |                                  |          |                |         |                |       |       |
| <b>Subtotal of Expenses to Page 1</b> |                                  |          |                |         |                |       |       |

## 33-Digit Code Line Distribution

| Business Purpose # | Amount | Tub | Org | Object | Fund | Activity | Subactivity | Root |
|--------------------|--------|-----|-----|--------|------|----------|-------------|------|
|                    |        |     |     |        |      |          |             |      |
|                    |        |     |     |        |      |          |             |      |
|                    |        |     |     |        |      |          |             |      |
|                    |        |     |     |        |      |          |             |      |
|                    |        |     |     |        |      |          |             |      |
|                    |        |     |     |        |      |          |             |      |

### Hints and Policy Notes

Please refer to [www.travel.harvard.edu](http://www.travel.harvard.edu) for complete policy.

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