



Non Employee Reimbursement Form

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

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	Bus. Meals	Other	Total
#1							
#2							
#3							
Sub-Total expenses							
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**