



# Non Employee Reimbursement Form

Please return within 30 days of seminar date.

**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)	<b>Business Purpose:</b> 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	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>

**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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sub-Total expenses from page 2		<input type="text"/>					
Total Reimbursement		<input type="text"/>					

**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**



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Reimbursee Name: \*

Requisition #: \*

## Additional Expenses

#	Description (date, details, etc)	Air/Rail	Lodging	Ground Trans	Business Meals	Other	Total
Sub-Total Reimbursement							

## Line Distribution

Business Purpose #	Amount	Tub	Org	Object	Fund	Activity	Sub	Root

\*Required Field

### 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.