

Non Employee Expense Reimbursement

Section 1: For the Payee

University Relationship and Reason for Reimbursement

Student UTA ID # _____ Prospective Employee Other / Non-Employee

Payee Information

Last Name _____ First Name _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____ Country _____

Signature _____ Date _____

▶ *All non-employee and student reimbursements will be disbursed via check sent to the mailing address above.*

Section 2: For the Department

Reimbursement Information

Expected Reimbursement or Travel Dates _____

Default Chartfield Information

Fund _____ Department _____ Function _____ Cost Center _____

Project _____ PC Bus Unit _____ Activity _____

Supervisor Information

Supervisor Name _____ Supervisor Email _____

Supervisor UTA ID # _____ Will there be a cash advance for a student? Yes No

Section 3: For Travel Services

Temporary EID # _____ Date Completed _____