

**Non Employee Expense Reimbursement**

**Section 1 - To Be Completed by Individual Payee**

**Reason for Reimbursement**

<b>University Relationship (check one)</b>	<b>Student</b>	<b>Prospective Employee</b>	<b>Other/Non-Employee</b>
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If student, please provide MyMav number (1000# or 6000#)

**Payee Information**

<b>Last Name</b>	<b>First Name</b>
<b>Telephone Number</b>	<b>SSN/TAX ID#</b>

Mailing Address

Street

<b>City</b>	<b>State:</b>	<b>Zip:</b>	<b>County</b>
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**Direct Deposit Program**

Would you like to have the payment sent to you via direct deposit? (check one)  
US Banks only                      Yes                      No

If no, please sign and date below

Payee Signature \_\_\_\_\_ Date \_\_\_\_\_  
If yes, please fill out financial information below

**Financial Institution Name**

**Routing Number (9 Digits)**

**Account Number (max 17 Characters)**

***Authorization Agreement:** I hereby authorize the University of Texas to deposit my payments directly to the account listed above (Section B) by way of Direct Deposit (Automated Clearing House (ACH) credit). This authority will remain in force until I have given advanced written notice, or deposit service has been discontinued by the discretion of the University of Texas. I understand that I must provide advance notice to allow reasonable time for my instructions to be executed. I understand that it is my sole responsibility to verify with my financial institution the receipt of my direct deposit funds. I agree to notify the University of Texas within three (3) business days if the deposit has not been made and/or receipt of an incorrect deposit amount. Furthermore, if an incorrect deposit should be made into my account, I authorize my financial institution and the University of Texas to make appropriate adjustment(s) from my account.*

Authorized Signature (required): \_\_\_\_\_

Printed Name (required): \_\_\_\_\_ Date (required): \_\_\_\_\_

**Section II - To Be Completed by Department**

Effective Date \_\_\_\_\_ Department Contact \_\_\_\_\_ Department Contact Phone \_\_\_\_\_

Default Chartfield Information

Fund  Dept  Function  Cost Center

Project  PC Bus Unit  Activity

Supervisor Name (required): \_\_\_\_\_ Supervisor Employee ID \_\_\_\_\_

**Section III - To Be Completed by Travel Services**

Temp EID number \_\_\_\_\_ Date Completed \_\_\_\_\_

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.