



Non Employee Reimbursement Form

Submit receipts within 30 days from date expense incurred.
Please tape all small receipts neatly to letter-sized sheet(s) of paper.

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	<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**



Non Employee Reimbursement Form

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 for complete policy.

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