

NON-EMPLOYEE TRAVEL EXPENSES

Document No. _____

Section A. Check ONE BOX ONLY.

Payment of travel expenses may not be taxable for the individuals below if Accountable Plan rules are followed. (See RCUH Section 2.540)	Payment of travel expenses is taxable and Accountable Plan rules do not apply for the individuals below. Payments to U.S. citizens and Resident Aliens will be tax reportable and payments to Non-Resident Aliens will be reportable and subject to tax withholding.
<input type="checkbox"/> Volunteer <input type="checkbox"/> Employment Interviewee <input type="checkbox"/> Non-Employee Project Support	<input type="checkbox"/> Prize/Award Winner <input type="checkbox"/> Trainee/Fellow for RCUH Direct Projects only <input type="checkbox"/> Other (Excludes UH Trainees/Fellow)

See below for Instructions

Section B.

I am a U.S. citizen or resident alien
 I am a non-resident alien

Name _____
 Last Name, First Name, MI _____ Organization _____

Job Title _____

Bus Address _____

Home Address _____

Project Contact _____

Section C.

Itinerary _____ Date & Time of Departure _____

Date(s) of Service _____ Date & Time of Return _____

		Project/BC
Airfare	\$ _____	_____
Lodging	\$ _____	_____
M&IE _____ days x \$ _____ rate	\$ _____	_____
Other _____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Subtotal	\$ _____	_____
Less Paid _____	\$ _____	_____
Total Requested	\$ _____	_____

I certify that the above information is true and correct and that all expenses claimed in the "Total Requested" field above have been incurred with personal funds.

 Claimant Date

 Principal Investigator Date Fiscal Officer Date

Additional Comments:

INSTRUCTIONS – ALL LINE ITEMS IN SECTIONS A, B, C SHALL BE COMPLETED – DO NOT LEAVE BLANK

This form is to claim **travel expenses** for the Non-Employee categories listed in Section A. It may be used as an invoice for a purchase order payment. Do not use this form if only making payments of honoraria, fees or subject remuneration.

Section A. Category

1. Identify Non-Employee category. If volunteer, attach approval form. If non-employee project support, attach EIC Determination.

Section B. Personal Information - Please type if possible, or ensure that handwritten information is legible.

1. Name – Last Name, First Name, and Middle Initial separated by commas
2. Job Title – Job title with employer Organization
3. Organization – Name of research institute/university/college or employer
4. Business Address – Street number and name, City and State/Country, & Zipcode/Postal Code
5. Home Address – Street number and name, City and State/Country, & Zipcode/Postal Code
6. Citizenship – Check proper box. For U.S. citizens, claimant's signature on Form is attestation of the claim. Obtain I-551 for resident alien. Non-resident alien must provide UH Form WH-1 & additional attachments. See Section V. of 2.540.
7. Project Contact – Name and phone number or email address in the event of questions.

Section C. Travel Expenses

1. Itinerary – Begin/end with city of residence and include business destination cities
2. Date(s) of Service – Date(s) service provided
3. Travel Dates – Date and Time of Departure and Return
4. Airfare – Attach original receipt. See RCUH Procurement Attachment 15, FAQ C(4) for additional requirements for Internet receipts.
5. Lodging – Requires original receipts stating the name of occupant and dates of stay
6. M&IE Days & Rate – Days & quarter-day periods. Rate claimed may not exceed Federal Allowable Rate by city.
7. Other Expenses – All other expenses with original receipts being claimed
8. Subtotal – Total expenses of Non-employee, including vendor payments
9. Less Paid – Subtract payments made previously or vendor payments. Notate document number, i.e., PO number.
10. Total Requested – Total amount to be paid to Claimant. The travel payment is equivalent to the percentage of the full-time effort of the visitor. Full time effort (100%) will be required for full reimbursement of expenses.