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|  | | | | | Non-Employee PaymentCandidate **COMPLETED FORM MUST BE SUBMITTED BY THE DEPARTMENT WITH**  **SUPPORTING DOCUMENTATION TO ACCOUNTS PAYABLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Department: | | Human Resources | | | | | | | | | | | | | | | Dept. Contact: Angela Montemarano | | | | | | | | | Dept. Tel. No. 420-2107 | | | | | | |
| Payee Name: | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **Address (reimbursement will be mailed to):** | | | | | | | | | | | | | | | | | **Email address:** | | | | | | | | | | | | | |
| Please indicate one of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Citizen of the United States | | | | | | | |  | | Yes | | |  | | No. | |  | | | | | | | | | | | | | | | | |
| Permanent US Resident | | | | | | | |  | | Yes | | |  | | No. | | If yes, provide copy of alien registration card | | | | | | | | | | | | | | | | |
| Non-Resident Alien (NRA) | | | | | | | |  | | Yes | | |  | | No. | | If yes, Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immigration status on I-94 card or passport: | | | | | | | | | | | | | | | | |
| **Description of Service:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Position: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| Date(s) of Stay: | | | | From: | | |  | | | | |  | |  | | | | To: | | | | |  | |  | |  | | | | | | |
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| **COMPLETE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Travel Expenses Claimed (Original receipts must be submitted.)**  Hotel/Lodging: 90111501 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meals: 90101501 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Airfare 78111500 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxi 78111804 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bus 78111802 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Train/Bus : 78111600 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Auto-Rental 78111808 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Car: 25101503 \_\_\_\_\_miles @ $.56 per mile  Bridges/Tolls: 78111800 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ =$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parking: 78111807 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Misc.-Please list $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Total Travel Expenses Claimed*: $\_\_\_\_\_\_\_\_\_\_**\_\_\_**\_\_\_\_ TOTAL PAYMENT: $** \_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Payee Certification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the above services will be/have been performed and that the reimbursement claimed, **and representations made in support of**  **payment, are true and accurate..** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Payee Signature | | | | | | | | | | | | | | | | |  | | | Date | | | | | | | | |  | | | |
| **Certification of the Account Director** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the services are essential to the project, and cannot be provided by any other person receiving salary support, and the rate is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| appropriate, based on the qualifications of the selectee and the nature of the work to be done. **I am aware of no relationship between the**  **independent contractor and any department employee.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| State Account | | |  | | | | | | Dept. Head Signature | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | |  | | | | | | Department Head Printed Name | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **DEAN /VP APPROVAL:** | | | | | | | | | | | **ADMIN. & FINANCE APPROVAL** | | | | | | | | | | | | |  | | | | | | | | | |
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| Authorized Signature | | | | |  | Date | | | | | Authorized Signature | | | | | | | |  | | | Date | |  | | | |  |  | | | | | |
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