

<b>Department:</b> Human Resources	<b>Dept. Contact:</b> Angela Montemarano	<b>Dept. Tel. No.</b> 420-2107
<b>Payee Name:</b>		
<b>Address (reimbursement will be mailed to):</b>	<b>Email address:</b>	
<b>Please indicate one of the following:</b> A Citizen of the United States <input type="checkbox"/> Yes <input type="checkbox"/> No. Permanent US Resident <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide copy of alien registration card Non-Resident Alien (NRA) <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, Country of Citizenship: _____ <b>Immigration status on I-94 card or passport:</b>		
<b>Description of Service:</b> Position:		

**Date(s) of Stay:** From: \_\_\_\_\_ To: \_\_\_\_\_

#### COMPLETE

#### Travel Expenses Claimed (Original receipts must be submitted.)

Hotel/Lodging: 90111501 \$ \_\_\_\_\_  
 Airfare 78111500 \$ \_\_\_\_\_  
 Bus 78111802 \$ \_\_\_\_\_  
 Auto-Rental 78111808 \$ \_\_\_\_\_  
 Bridges/Tolls: 78111800 \$ \_\_\_\_\_  
 Parking: 78111807 \$ \_\_\_\_\_  
 Misc.-Please list \$ \_\_\_\_\_

Meals: 90101501 \$ \_\_\_\_\_  
 Taxi 78111804 \$ \_\_\_\_\_  
 Train/Bus : 78111600 \$ \_\_\_\_\_  
 Personal Car: 25101503 \_\_\_\_\_ miles @ \$.56 per mile  
 =\$\_\_\_\_\_

**Total Travel Expenses Claimed:** \$ \_\_\_\_\_ **TOTAL PAYMENT:** \$ \_\_\_\_\_

#### 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..**

\_\_\_\_\_  
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.**

State Account \_\_\_\_\_

Dept. Head Signature \_\_\_\_\_

Department Head Printed Name \_\_\_\_\_

Date: \_\_\_\_\_

#### DEAN /VP APPROVAL:

#### ADMIN. & FINANCE APPROVAL

Authorized Signature

Date

Authorized Signature

Date