



THE UNIVERSITY OF ARIZONA  
COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES

School of Geography,  
Development &  
Environment

## NON-EMPLOYEE REIMBURSEMENT REQUEST

PAYEE INFORMATION			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name (Print name)</b>	<b>SSN/ITIN</b>	<b>U.S. Citizen?</b>	<b>Visa Type</b>
<b>Mailing Address:</b>			
<b>City</b>	<b>State</b>	<b>Zipcode</b>	
BUSINESS PURPOSE			

VENDOR NAME	AMOUNT
<b>TOTAL REIMBURSEMENT REQUEST</b>	\$

SIGNATURE	
I HEREBY CERTIFY BY MY SIGNATURE THAT THE EXPENSE REIMBURSEMENT IS FOR BONA FIDE UNIVERSITY OF ARIZONA BUSINESS PURPOSE/SERVICE AND THE RECEIPT AMOUNTS, DATES OF SERVICE AND NATURE OF SERVICES ARE CORRECT.	
X	
SIGNATURE	DATE:

Please email a scan or photocopy of ORIGINAL, ITEMIZED receipts for reimbursement to: [vhenry1@arizona.edu](mailto:vhenry1@arizona.edu)

