

NON-EMPLOYEE TRAVEL REIMBURSEMENT FORM This form is required to be completed by all non-employee travelers.

Traveler's Name							t be declared	•	•	g the appro	•
Mailing Address						_	<u>uest is a Unite</u> uest is a Perm				d
						G	uest is neither	a United St	ates Citizen r	or a Permar	ent Resident:
Daytime Phone #								ed, as well a	s all required	documentat	ion to authoriz
E-mail Address						Ė	ayment.				
Business Purpose						N	on-Employe	e Informati	ion (NEI) for	rm link:	
Notes							dditional dod on-U.S Citize			nts link:	
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Yes		her Long Distan			ıs / Trains						
No		cal Metro / Sub			15 / 1141115						
No		leage (if persona		40 / 12	Miles (<u> </u>	cents pe	r mile			
Yes		ntal Car	,			<u> </u>		-			
Yes	Fue	el (rental car on	ıly)								
Yes		xi / Shuttle / Lim	• /								
Yes	Pai	rking									
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No		eal Per Diem (fro									
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Travel Expense Amount Due T		mbursed by PS	U					То	tal	()
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Other Signature (Budget Admin / Executive, Supervisor)