

Document No. _____

THE RESEARCH CORPORATION OF THE UNIVERSITY OF HAWAII
NON-EMPLOYEE REIMBURSEMENT FORM

Last Name: _____ First Name: _____
Taxpayer ID/ SSN: _____ U.S. Citizen: Yes No
Job Title: _____
Organization: _____
Business Address: _____
Home Address: _____
Project Contact & Phone: _____
Describe Service Provided by Non-Employee: _____

Dates of ServiceFrom: _____ To: _____
Service Fee or Honorarium \$ _____ (A) Proj/BC _____

TRAVEL EXPENSES (if applicable):

Itinerary: _____
Date/Time of Departure: _____
Date/ Time of Return: _____

Per Diem or M&IE (circle one):
_____ Days x \$ _____ Rate = _____ \$ _____ Proj /BC _____

Other travel expenses (Provide detail of cost):
Airfare \$ _____ Proj/BC _____
Auto Rental \$ _____ Proj/BC _____
Other \$ _____ Proj/BC _____

Travel Expense Total: \$ _____

PO # _____ Less Paid: (\$ _____)

Travel Expenses Amount Due \$ _____ (B)

TOTAL REMUNERATION TO NON-EMPLOYEE: \$ _____ (A+B)

SIGNATURES:

Non-Employee: _____ Date: _____

Project Authority: _____ Date: _____

Fiscal Officer: _____ Date: _____