



Request for Non-Employee Personal Reimbursement

Non-employees include: Guests, Students, Candidates, Guest Speakers

Payee Information

Payee Last Name _____ First Name (Full) _____ MI _____
Select One:

Student Other

If Other, Indicate Country of Citizenship/Tax Residency _____

Department Name _____ Email _____ Phone _____
Home Address _____ City _____ State _____ Zip _____

Account and Business Purpose

Account To Be Charged _____ DR (UBF Only) _____
Business Purpose of Expense:

Reimbursement or Payment Request

Receipt Date	Description	Amount
Total request		\$

Payee Certification

Payee Certification: I certify that the above is just, true and correct; that no part has been paid except as stated and a transaction will not be requested from another funding source.

Payee Signature _____ Date Form Completed _____
Approved By Signature _____ Approved By Name (print/type) _____

Contact for Questions if Other Than Payee

Name _____ Email _____
Department Name _____ Department Address _____ Phone _____

Mailing Instructions

Research Foundation Funds

Sponsored funds:
Sponsored Project Services
The Commons, 520 Lee Entrance Suite 211

Non-sponsored funds:
Procurement Services, 224 Crofts Hall

State Funds

Procurement Services
224 Crofts Hall

UB Foundation Funds

University at Buffalo Foundation
Center for Tomorrow

Office Use Only	Supplier number	PO number	Date processed
Invoice number	Check number	Ship-to code	Expenditure code
Taxable code	Approved by	Voucher number	