

Independent contractors | Expense reimbursement form

Section I General information		
Service provider name:		
Home address:		
Email address:		
Public purpose served – completed by ASU official: Explain how the univ	versity benefited from	the public fund
expenditure.		
Attach all itemized receipts, the meeting brochure, the agenda or other relevant s appropriate Spend Category. Worktag examples include: Cost Center plus Prog		
Worktag to be charged:		
Section II Expense reimburgements Completed by service pro	vidor	
Section II Expense reimbursements Completed by service pro		
Date and time of: Departure		
Transportation cost Attach the passenger copy of airline ticket or travel agency Lodging cost Attach original receipts. Meals Receipts are required if total meal/incidental expenses exceed \$46 per d		\$ \$ \$
Date Breakfast Lunch Dinner	Total	
		-
		-
Total meal and lodging expenses should not exceed allowed rates for Maricopa County. C allowed under ASU travel policies will require written justification and may, at the discretion Services, require dean, provost, vice provost or vice president approval. Review the Finangasulten ASU TRIP manual for current lodging rates.	n of Financial	
Other costs Include specifics such as airport limo; attach original receip	ots if \$25 or more.	
		\$
Total evnense	e reimbursement	\$
Total expense	reimbursement	Ψ
I certify that the above is complete and accurate. Any expenses paid directly such as an advance of fees or airline ticket, have been excluded from the reimbursement calculation. If payment is to be charged against federal from not currently employed by the federal government.	om the above expens	е
Service provider signature	Dat	e
Section III Completion of service certification Completed by	ASU official	
Signature and title of ASU official acknowledging completion of services	Date	