

University of Colorado Boulder | Colorado Springs | Denver | Anschutz Medical Campus

Effective Date: 01/01/2017

Non-Employee Reimbursement (NR)

Procurement Service Center (PSC)

official unive	rsity busines	ss. <mark>Do not i</mark>	use the NR for	ement Travel, to m to reimburse or regent, create	an ind	lepend	lent co	ntractor as	s per the PS	C Procedur	al Statement	t Scope			
Invoice #:					Тс			oday's Date:							
Payee Information								Organizational Unit Contact Information					ı		
Name:								Organizational Unit:							
								Cont	act Person:						
Home Address:								Campus Phone:							
									us Mailbox:						
City	State 7IP							Email Address:							
City, State, ZIP:										t Llondlin	a Inotrue	tiono			
Country: Vendor ID #:							Warrant Handling Instructions								
OR CU Student ID #:						Warrant Delivery Code: Warrant Delivery Campus Mailbox:						•			
Personnel Category:				-											
General Trip / Reimbursement Information															
Destination (if travel involved):															
	,	,													
Business Purpose: Comments:															
				Evne	neae	to be	Roir	nbursed							
NOTE	on mileage	reimburse	ement rates :	For miles drive						es driven 1	////16 - 12/	31/16, \$0.4	9/mile.		
Dat	e		Descriptio	n			ileage		Trans	Meals	Lodging	Misc	Total		
Duito		Description			Dist		Rate	Cost							
						0.48									
						0.48									
						0.48									
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						0.48									
						0.48									
							0.48								
							0.48								
				Totals:											
	Α	ccountin	ig Informati	on (SpeedT	ype o	r FOF	PPS p	lus Acco	ount Char	rtField ar	e require	d)			
Description Speed Account					Fund Org		ra	Program	Sub Class	_		Amount			
	comption		Туре	/pe		Ŭ	ig ilogiai		ous clube	rojectoran		Anount			
										Tota	al Expenses:		-		
Frequently Used Accounts:															
702000 Non-employee Travel - In State 702100 NonEmployee Trvl - Out of State 702200 Non-employee Travel - Internati															
	550100 Offic	cial Funct - R	ecepts/Events	550102	Official	Functio	n with A	lcohol	550	200 Official	Functs - Meeti	ngs/Confs			
553000 Conference Registration Fees															
L cortify that the	statomonts in t	the above se		Payee / Approvi nd just in all respec					-		(E		e stiffe the stand		
				ed to me from any								peedType), I c ored projects r			
•				by me on university	, ,			U .	harge, that they meet the direct cost and other costing criteria, and that they are						
	no claims are included for expenses of a personal or political nature or for any other expenses not authorized by university fiscal policies; that amounts claimed for meals are limited to the total daily									within the allowable timeframe. If being charged to gifts (Fund 34 SpeedType), I certify that all expenses are					
meal per diem amount established by travel policy as well as the amounts actually incurred for									appropriate and consistent with donor restrictions.						
meals; and that I actually incurred or paid the expenses of the motor vehicle for which reimbursement is claimed on a mileage basis. I further certify that this does not include any request															
for reimbursement of alcohol, unless authorized by an attached Official Function form.										nal Unit Authorizing Signature Date			Date		
Payee Signature Date									Int'l Tax Signature (if required) Date						
			Whe	n all necess	arv si	ignat	ures	have bee	n obtaine	ed:					

Scan and email signed, completed form and all required documentation to: cirestravel@colorado.edu. Only one NR request per email attachment. Or, send completed form and all required documentation (tape small receipts to standard-size paper, staple packet once) to: CIRES Travel, Campus Box 216 UCB.