Visitor's Expense Report

Nonresident Aliens Independent Contractors

NORTHWESTERN UNIVERSITY

Department: **Dept Code:**	**ONLY to be used for reimbursing a foreign national when accompanying a Contracted Services Form for Non-Residents.** Submit to Payroll ONLY
Request Date:	
Dept. Contact:	
Phone:	
Email:	

Visitor: Please Complete this Section	**Business Purpose:**
Visitor Name:	
Address:	
City, State ZIP:	**Inclusive Dates of Travel or of other Expense listed**
Phone:	**From:** **To:**

Original receipts must be submitted for all claimed expenses

Expense Item	Description, Documentation Requirements	Explanation of Expense	Amount
Air	Coat rate; attach original passenger receipt		
Rail	Attach original passenger receipt		
Ground Transportation	Tax, etc., attach original receipts and include tip		
Automobile	*Enter Mileage Total:*	*Parking Total:* / *Tolls Total:*	
Other Transport	Rental car, etc.		
Hotel Room & Tax	Attach original hotel voucher		
Meals	Attach original receipts, dinners may not exceed $65 per night, incl. tax and tip		
Incidentals	Attach original receipts, gratuities & other misc. items		
Non-travel Expense #1			
Non-travel Expense #2			
Non-travel Expense #3			
		Total Expense	

I certify that I have paid out these amounts for University-related activities in support of the business purpose listed and in accordance with University policies and procedures, that sponsored project expenses contain no charges for alcoholic beverages or other unallowable items, and that I have not previously received nor will I receive separate reimbursement from Northwestern University or any other entity for any charge I am submitting on this form.

Visitor Signature _____ Date _____

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Fund	Department	Project	Activity	Program	CF1	Account	Amount

Approval

I certify that these expenses were incurred for University related activities
and approve them as proper charges to University accounts.

Area Approval	Name (Print)	Signature	Date
Dean or Supervisor			