

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

Last Name, First Name: _____
Taxpayer I.D./SS# _____ **U.S. Citizen:** _____
Mailing Address: _____
Project # _____ **Budget Code:** _____ **Contact/Phone:** _____

Service provided by Non-Employee:

Dates of Service: _____

Travel Expenses (if applicable)

Itinerary:
Date & Time of Departure:
Date & Time of Return:
Other Travel Expenses (Provide detail of cost):
_____\$ _____

**Travel Expenses Total
Amount Due..... \$**

TOTAL RENUMBERATION TO NON-EMPLOYEE = \$

NON-EMPLOYEE	Project Authority	RCUH
Signature _____	_____	_____
Date _____	Date _____	Date _____

Fax (808) 956-4710 or e-mail Iris Kim (iriskim@hawaii.edu) and Christian Tan (tans@hawaii.edu) this completed form. For e-mail, print form out, sign, get supervisor's signature (is applicable), scan form and attach as an attachment to the email. Mail or deliver to PCSU; do not fax original signature copy. Send documentation supporting purpose of travel. If taking personal days off, fax/email Iris actual itinerary and an itinerary without personal days off (indicating the earliest departure and return).