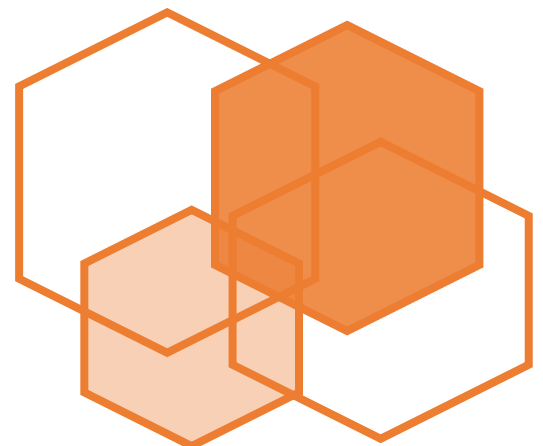


Non-Employee and Student Reimbursement Guide

University of Miami

2019-2020

The Non-Employee and Student Expense Reimbursement Form, found at miami.edu/expenseform, allows students to claim funds spent on behalf of their organization directly from their organizations' accounts. This form should only be completed by University of Miami students as well as non-employees. Advisors and other University employees wishing to submit a reimbursement request should do so via the Expense Report tab in Workday.



Visit www.Miami.edu/expenseform to launch the online reimbursement form.



Non-Employee and Student Expense Reimbursement Form

This form can be used by non-employees, University of Miami (UM) students, and student organizations to submit expense reimbursement requests for expenses incurred on behalf of the University (e.g. airfare, lodging, and per diem).

For more information on how to complete the Non-Employee and Student Reimbursement Form, please review this [tip sheet](#).

The form cannot be used to pay taxable amounts to any person, reimburse faculty or staff members' expenses, or pay students amounts that qualify as financial aid.

All fields with an * are required.

Payee Name*

Jane Doe

The payee is the person requesting reimbursement

Address Line 1*

(U.S. domestic address only) ⁱ

1320 S Dixie Highway

Address Line 2

(U.S. domestic address only)

City*

Coral Gables

State*

Florida

Address the payee would like the check mailed to

Zip Code*

33146

Driver Worktag* ⁱ

PG000000

Business Purpose* ⁱ

Snacks from Publix for SAFAC's general body meeting

Payee Category*

Select an Option

Select the option from the drop down menu that describes the payee: student, non-employee, etc.

The account to be reimbursed out of. If you need to split the reimbursement between two accounts, please submit two different reimbursements, as this form only allows you to select one

Explain the reason for reimbursement

If the payee would like the check held at Ashe for pickup instead of being mailed, please write in all caps, "HOLD FOR PICK UP" in this section in addition to the business purpose

PREPARER'S INFORMATION

Please note the following when completing this section:

- The Preparer is the person completing and submitting this form.

Preparer Name*

Jane Doe

Preparer Phone Number*

305-123-456

Preparer Email Address*

j.doe@miami.edu

UM CONTACT'S INFORMATION

Please note the following when completing this section:

- The UM Contact is the point person at the University but **CANNOT** be the Payee.

If the UM Contact's information is the same as the Preparer's, check this box: ☐

If the UM Contact's information is different, please enter their information below.

UM Contact Name*

John Smith

UM Contact Phone Number*

123-456-789

UM Contact Email Address*

j.smith@miami.edu

EXPENSE ITEM	DESCRIPTION	AMOUNT
Please enter information for at least one expenditure below. Refer to the tip sheet for additional information.		
Meals - Non Travel	Soda	\$5.00
Meals - Non Travel	Chips	\$10.00
Select an Option		
Add Row		Total: \$15.00

At least one attachment is required to submit this form. The size limit for attachments is 2 MB.

Attach Receipts and Backup Documentation*

Select the option from the drop down menu that most closely describes your reimbursement

Attach itemized receipts and backup documentation (flyer, event invite, email, etc.). Please visit miami.edu/safac for details on proper documentation

Description and price of the items requesting reimbursement for