

**EXPENSE REIMBURSEMENT FORM**  
**INDEPENDENT CONTRACTORS**

**Part I. GENERAL INFORMATION**

Name of Service Provider: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Public Purpose Served (completed by ASU Official) *provide an explanation of how the university benefited from the expenditure of public funds:* \_\_\_\_\_

\_\_\_\_\_

Attach all original receipts, meeting brochure, agenda or other relevant support to the payment request (PVQ) coded to expenditure code 731013 and vendor code "EXPREIMB". Original receipts (when indicated as required) must be attached to use this payment method.

**Part II. EXPENSE REIMBURSEMENTS** (Completed by Service Provider)

Cost of transportation (Attach passenger copy of airline ticket or travel agency invoice) \$ \_\_\_\_\_

Total meal and lodging expenses should not exceed allowed rates for Maricopa County. Charges in excess of those allowed under ASU Travel policies will require a written justification and dean, provost, vice provost, or vice presidential approval. (See the Financial Services Travel Page <http://www.asu.edu/fs/travel/traveln.html> for the current lodging rates.)

Lodging (Attach original receipt(s)) \$ \_\_\_\_\_

Date and time of:           Arrival \_\_\_\_\_

  Departure \_\_\_\_\_

Total Meals \$ \_\_\_\_\_

Original receipts required if total meals and incidental expenses exceed \$54 per day.

DATE	BREAKFAST	LUNCH	DINNER	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other costs (Specify, such as airport limo; attach original receipts if \$25 or more) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL EXPENSE REIMBURSEMENT \$ \_\_\_\_\_

Agency Org to be charged: \_\_\_\_\_

I certify that the above is complete and accurate. Any expenses paid directly to or on behalf of me by ASU, e.g. advance of fees or airline ticket, have been excluded from the above expense reimbursement calculation. If payment is to be charged against federal funds, I agree and certify that I am not currently employed by the federal government.

\_\_\_\_\_  
Signature of Service Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of an ASU Official Acknowledging Completion of Services

\_\_\_\_\_  
Date