



# INDEPENDENT CONTRACTORS – EXPENSE REIMBURSEMENT FORM

## Section I : General Information

Name of service provider: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Public Purpose Served (completed by ASU Official): Provide an explanation of how the university benefited from the expenditure of public funds.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach all itemized receipts, the meeting brochure, the agenda or other relevant support to the payment coded to the appropriate Spend Category.

Cost Center plus Program,  
Gift, Grant or Project

Worktag to be charged: \_\_\_\_\_

## Section II : Expense Reimbursements (Completed by Service Provider):

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

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

Cost of lodging (Attach original receipts.) \$ \_\_\_\_\_

Meals (Original receipts are required if total meal/incidental expenses exceed \$46 per day.) \$ \_\_\_\_\_

Date	Breakfast	Lunch	Dinner	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 may, at the discretion of Financial Services, require dean, provost, vice provost or vice president approval. (See the Financial Services [Travel page for the current lodging rates.](#))

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

_____	\$ _____
_____	\$ _____
Total expense reimbursement	\$ _____

I certify that the above is complete and accurate. Any expenses paid directly to or on behalf of me by ASU, such as an 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

## Section III : Completion of Service Certification (Completed by ASU Official)

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