

Finance Division

Purpose: Use this form when reporting expenses being reimbursed via an expense report that are not in compliance with the university's [Business & Travel Expense Policy](#). Expenses will be treated as taxable income to the recipient.

Recipient's Name: _____

Andrew ID: _____

Recipient's Email Address: _____

Phone Number: _____

Department: _____

Organization #: _____

Recipient is a: Employee Non-employee

If employee, please give your pay frequency: Biweekly Monthly

If non-employee, recipient is a: US Citizen (please attach a completed W-9 form)
 Foreign National (please attach a completed [Foreign National Information Form](#))

Expense Report #: _____ Ledger: US Australia Qatar
 Charging: _____

Description of expenses that were / are to be reimbursed:

Expense Type	Amount
Total:	

 Recipient's Name & Title **Signature** Date

 DDFR Name **Signature** Date

 Authorized Administrator's Name **Signature** Date

PLEASE NOTE: Authorization can only be provided by the President, Provost, Vice President, Dean, or Department Head

Finance Division Use Only

Tax Review _____ Date _____
 Payroll/AP processed _____ Date _____

This form should be included in the scanned receipt file attached to the ER.
 NOTE: 100% of taxable reimbursements audited.
 Send original form and copy of ER to [HR Services](#).