

Visitor Expense Reimbursement Request

Please send only receipted expenses that a UH host agreed to support, or that your host has asked you to provide in case there are funds available for reimbursement. Please provide all original receipts and, if applicable, your airfare itinerary and original receipt. Fill in the following information, sign this form and mail it with your original receipts to:

Department of Mathematics
Attn: Accounts Payable
University of Houston
651 Hoffman Hall
Houston, TX 77204-3008

Please email completed form and backup documentation to ap@math.uh.edu or place them in AP mailbox in PGH 651H.
INCOMPLETE REQUESTS WILL BE RETURNED TO YOU AND WILL NOT BE PROCESSED

Name _____

Dates of Trip: _____ Host or Workshop Name: _____

US Resident/Resident Alien

- Vendor Coversheet
 W-9
 Direct Deposit Form

Foreign National/Non-Resident Alien

- Vendor Coversheet
 W-8BEN
 Direct Deposit Form (optional)

I have been previously setup for proper reimbursement.

If you are not sure whether UH will reimburse all of the receipts you provide, receipts will be sent back to you if you provide a self-addressed stamped envelope with this request.

Expenses	Amount	Check if UH Paid already:
Airfare	_____	<input type="checkbox"/> UH Paid Directly
Lodging	_____	<input type="checkbox"/> UH Paid Directly
Rental Car	_____	<input type="checkbox"/> UH Paid Directly
Other Transportation	_____	
Food (exclude alcohol)	_____	
Parking	_____	
Rental Car Gas	_____	
Other	_____	
Total Requested by Visitor	_____	

Any explanations or comments: _____

I certify that the expenses itemized above are true and correct and have not been paid or reimbursed by any third party. I further understand that this is a request for reimbursement that in no way binds the University of Houston to pay these expenses.

Signature of Traveler

Printed Name

Date

Amount approved by PI:

Charge to Speed Type:

PI Signature: