

# UM Non-Employee Travel & Expense Form

Used to reimburse expenses to non-employee student, guests, and visitors.

*Send completed form and receipts to [randall.bus@umich.edu](mailto:randall.bus@umich.edu)*

Name	
UMID (if applicable)	
Email	
Phone	
Address	
City/State/Zip/Country	
Country of Citizenship	
Status (select one)	Resident Alien <u>OR</u> Permanent Resident <u>OR</u> Non-Resident Alien/Foreign National

Advisor or person sponsoring visit	
Purpose of travel/expense	
Dates of travel/expense	
Origination (city/state/country)	
Destination (city/state/country)	

Shortcode		CC shortcode owner on submission email or include email/written approval to use shortcode with submission
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**\* Please enter amounts in currency shown on receipt and indicate currency type. DO NOT CONVERT TO USD.**

Airfare Amount*					Include itinerary and receipt with proof of payment
Lodging Amount*					Include itemized receipt with proof of payment
Ground Transportation Type & Amount*	Taxi	Bus	Train	Rental Car	Include itemized receipt with proof of payment for each used

**Meals\***

Date	Amount	Breakfast/Lunch/Dinner	Hosting (Y/N)

Include itemized receipt with proof of payment

If any meals involved hosting, indicate in the comments box, and include guest list with names and affiliation

**Personal Car Mileage**

Round Trip (Y/N)	To	From	Estimated Total Miles	Estimated Amount <small>(current rate is 58 cents/mile)</small>

**Additional Expenses\***

Date	Description/Purpose	Amount

**Cash Advance Number & Amount (if applicable)**

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**Additional Information/Comments**

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I attest that I have not received reimbursement from another source(s) for any expenses claimed. I further attest that a UM Pcard was not used to pay for any expenses reflected in this report. In the event payment is received from another source(s) for any portion of the expenses claimed, I assume responsibility for repaying UM in full for those expenses.

**Signature:****Affiliation:****Date:**


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# WIRE TRANSFER REQUEST

If you are living outside of or do not have a permanent residence within the continental US, please complete this form and submit with your reimbursement request.

**Full Name of Preparer**

Department Name  
Phone Number  
Fax Number


**Fin Ops-Recipient Name**

Department  
Phone Number  
Fax Number


**Currency Type**

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(USD, GBP, HKD, etc.)

**Amount**

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Required Field

**Domestic Receiving Bank Information - Please read the instructions carefully before completing this section**

Bank Name and Branch Name  
Address  
City, State  
Routing # (ABA)  
Other Bank or Branch Codes


Do NOT enter bank account numbers here  
(please specify--eg. Type "Bank Code: 004")

**Foreign Receiving Bank Information - Please read the instructions carefully before completing this section**

Bank Name and Branch Name  
Address  
City, State, Country  
Swift Code  
Other Bank or Branch Codes


Do NOT enter bank a/c numbers here unless  
it is the foreign bank's a/c with domestic bank.  
(please specify--eg. Type "Bank Code: 004")

**Beneficiary Information - (company or individual to received funds)**

Name on Bank Account  
Address  
City, State, Zip, Country  
IBAN or Account Number


\*\*\*Note for department: there is a \$15.00 fee for each wire transfer processed