This form should only be used for nonemployee reimbursements (honoraria, prizes, awards or other types of income cannot be included on this form). Suppliers and/or independent contractors billing for services or products should not use this worksheet, and should invoice the University directly. NOTE: Be sure to download the form and save it to your desktop in order to digitally sign the form.

Reimbursee Inf Nonemployee Reimbursement Reminders:								
Affiliation:				HUID				
	Invited Guest Harva	rd Student	Other:					
First Name		MI	Last Name			Email		
Mailing Address						Phone		
3								
General Descript	ion (Business purpose of expense request	s - multiple purpos	es may be included	l on one request, n	umber individual	unique busine	ess purposes)	
I certify that the expenditures listed below were incurred by me in conjunction with official Harvard University business, are accurate and comply with all								
applicable policies, I have included all required receipts, forms or other required documentation, and that I am not requesting reimbursement from any other								
Signature of Reim	bursee:			Date:				
	Attached is an email attestation	in lieu of a signature	ahove (see Instruc	tions on required a	ttestation language	e)		
	Attached is an email attestation		: Itemization*	ctions on required a	ttestation language	<u>6).</u>		
All expenses must	be itemized and include appropriate rec	eipt images or othe	er required docume	entation. Receipts	in a foreign curre	ncy must be o	converted to US	
	ange rate noted on the receipts. See page			on lines. Please ret	urn completed fo	rm and requi	red	
documentation to the school or unit responsible for processing the electronic request.								
	Expense Description			Ground	Meals ²			
Expense Date(s)	Include description and designation	if Airfare 7651/7672	Lodging 7652/7672	Transport ¹	Indv- 7654/7674	Other	Total	
	applicable	7031/7072	7032/7072	7653/7673	Bus-7655/7675			
_								

Total amount <\$75 itemized in Grand Total

Grand Total

Total

^{*} B2P requestors - suggested object codes (domestic/foreign) are below each expense category.

¹ Includes trains, car rentals, gas, mileage, taxi, etc.

² Meals and incidentals including per diem. If allowed, alcohol must be charged to 8450 and itemized as "Other."



Nonemployee Reimbursement Reminders:

- The form must be downloaded in order to be able to digitally sign the form.
- Receipts are required for any expenses ≥\$75.00 (Some schools may require receipts for all expenses, check with your local finance
 office for guidance.)
- Missing Receipt Affidavit (MRA) is required when receipt ≥\$75 are not available. MRA must be accompanied by a credit card statement showing individual's name and transaction.
- The MRA can be found at https://travel.harvard.edu/resources
- See instructions to process nonemployee reimbursements on the B2P site: https://b2p.procurement.harvard.edu/eprocurement-ap

Instructions

- (1) Reimbursee Information: Enter reimbursee information. See below regarding reimbursee signature requirements.
- (2) General Description: Enter a brief description of the expense(s). Including why the expense was incurred, what the expense was, where the expense was incurred, when the expense was incurred.
- 3 Reimbursee Signature: Physically or electronically sign the form. If the form cannot be signed, see below regarding reimbursee email attestation requirements.
- (4) Expense Itemization: List expenses by category.
- (5) Submit signed completed form with receipts to local department/unit for processing.

Reimbursee Signature Requirements

If a reimbursee is unable to complete or sign the Nonemployee Reimbursement (NR) form, the reimbursee may submit an email attestation with the applicable receipts.

- 1 The attestation email must be from the reimbursee.
- 2 Reimbursee must include all required receipts, forms, or other required documentation.
- 3 Reimbursee must include the following language in their email attestation.

EMAIL ATTESATION LANGUAGE (Cut and paste to send to reimbursee if they cannot sign the NR Form)

I certify that the expenses listed below were:

Incurred by me in conjunction with official Harvard University business,

Are accurate and comply with all applicable University policies,

I have included all required receipts, forms, or other documentation,

I am not requesting reimbursement from another source.

Reimbursee Name	Purpose of Trip or Event	
	Include expense dates) and/or travel start/end date(s) and	Total to be Reimbursed