Boulder   Co	lorado Springs	Of COIC Denver   Anschutz M ce Center (PS	fedical Campus	Effective Date: 01/01/2018 Non-Employee Reimbursement (NR)									
Purpose: Used, in accordance with the official university business. I of Work (SOW). <i>Note: To re</i>	Do not use the	e NR form to rei	imburse an indeper	ndent co	ntracto	r as per	the PSC Proc	edural Statem	ent Scope	tem.			
Invoice #: DOE_3/19_NR				]	Today's Date: 03/21/18								
Payee Information					1	Organizational Unit Contact Information							
Name: Jane Doe					1	Organizational Unit: CMCI Finance							
				Contact Person: Brenda Diehl									
Home Address:	:			1	Campus Phone: 303-492-8955								
						Campus Mailbox: UCB 477							
City, State, ZIP: Any town USA					1	Email Address: cmcifinance@colorado.edu							
Country: USA					1	Warrant Handling Instructions							
Vendor ID #	:				1		Warrant Delivery Code: Regular Mail						
OR CU Student ID #	:				1		Warrant Delivery Campus Mailbox:						
Personnel Category:		* If u	sing warrant	delivery = wi	re transfer, se	e PSC Procedu	iral Statement	Wire Transfers					
Personnel Category: Non-Employee   * If using warrant delivery = wire transfer, see PSC Procedural Statement Wire Transfers for restrictions.  General Trip / Reimbursement Information													
Destination (if tra	vel involved):	Tampa Baul		-	cermb	u rseme	ent Inform	auon					
Destination (if travel involved): Tampa - Boulder 3/17-3/20, 2018													
Busi	Business Purpose: Graduate student recruitment Comments: Travel expenses to be reimbursement up to \$500.												
	comments.	maver expens	es to be remibuls	sement	սբւօգ	500.							
			Ex	xpense	s to be	e Reim	bursed						
<u>NOTE</u> on m	ileage reim	bursement rate	s: For miles driv	ven 1/1/	/18 and	d after,	\$0.49/mile.	For miles d	riven 1/1/1	7 - 12/31/17,	,\$0.48/mile.		
Date		Descriptio	n			Aileage		Trans	Meals	Lodging	Misc	Total	
2/17/19	A:				ist	Rate	Cost	50.00				\$50.00	
3/17/18 Airport parking 3/17/18 Mileage home to airport					25	0.40	12.25	50.00					
		25 0.4		0.49	12.25		241.50			\$12.25			
3/20/18	/17-3/20						241.50			\$241.50			
				<u> </u>		<u> </u>							
Total													
	EOI		12.25			•		\$303.75					
	i ype o	r FOF	PPS plus Account ChartField are required)										
Description	Speed Type	Account Fu		Fund Org		Program	Sub Class	Project/Grant		Amount			
	- 5 P*								\$303.75				
											\$505.75		
				+									
									Т	otal Expenses:		202.55	
				Fraguer	tly He	od Aco	unte.		•	our Expenses.		303.75	
Frequently Used Accord           702000         Non-employee Travel - In State         702100         NonEmployee Travel - Out of								7	02200 Non-er	nplovee Travel -	Internatl		
702000     Non-employee Travel - In State     702100     NonEmployee Trvl - Out of State     702200     Non-employee Travel - International       550100     Official Funct - Recepts/Events     550102     Official Function with Alcohol     550200     Official Functs - Meetings/Confis													
			55300	00 Conf	erence R	egistratio	n Fees				-		
r centry that the statements in the	200VC SCUPULU		Payee / Appro	oving Au	thority	Certific						·	
the amounts claimed herein has no								-		-		at all expenses are at they meet the	
expenses for which reimbursement							appropriate to be charged to the sponsored projects receiving the charge, that they meet the direct cost and other costing criteria, and that they are within the allowable timeframe.						
no claims are included for expenses of a personal or political nature or for any other expenses not authorized by university fiscal policies; that amounts claimed for meals are limited to the total daily							If being charged to gifts (Fund 34 SpeedType), I certify that all expenses are appropriate and						
meal per diem amount established by travel policy as well as the amounts actually incurred for							consistent with donor restrictions.						
meals; and that I actually incurred or paid the expenses of the motor vehicle for which reimbursement is claimed on a mileage basis. I further certify that this does not include an													
for reimbursement of alcohol, unless authorized by an attached Official Func								Organizational Unit Authorizing Signature Date					
Payee Signat	Date	-			Int'l Tax Signature (if required) Date								
			When all nec	essarv	sionat	tures h	ave heen o	htained					
			an nen an neu	ussary :	agnat	arts il	are been u	stantu.					

Scan and email signed, completed form and all required documentation to: APinvoice@cu.edu. Only one NR request per email attachment. Or, send completed form and all required documentation (tape small receipts to standard-size paper, staple packet once) to: PSC, campus box 005UCA