

TRAVEL EXPENSE MODULE NON-EMPLOYEE SETUP FORM

Note: All information below is required. Forms with missing or incomplete information will be returned. All payments to non-employees will be made by check.

Requestor's Name:

Requestor's Email Address:

Traveler Full Name				
Traveler Address*	Street/PO Box:			
	City:	State:	Zip:	
Dates of Travel	to			
Business Purpose				
Bus Unit UWSUP	Fund	Dept ID	Program	Project
Alternate Information (UW Employee who will be entering the Travel Expense information in the module. At least one alternate must be established, may enter more if desired.)				
Name	Empl ID	Email address		
Approver Information (UW Employee who will be approving the Travel Expense form in the module. Must have approver rights within the funding department.)				
Name	Empl ID	Email address		
Additional Comments				

* If traveler is a non-US Resident for tax purposes please indicate this in your email submitting this form to obtain information on additional documentation required.

Please email this completed form to travel@uwsuper.edu.