

Idaho State University
Independent Contractor Travel Reimbursement Only

(Not For ISU Employees)

Date: _____

SEE ATTACHED INSTRUCTIONS

Is this payment being made to or on behalf of a non-resident alien individual or organization? Yes No

If yes, see attached instructions. If no, submit a completed W-9 form with this form.

Name

Social Security No.

Permanent Home Address

City State Zip

Total Travel Expenses (from worksheet) \$ _____

Have you ever been an employee or student at Idaho State University. Yes No

	AMOUNT CLAIMED	OFFICIAL USE ONLY
Travel Expense Worksheet (Attach original travel receipts)		
Departure Date _____ Return Date _____		
Departure Time _____ Return Time _____	Meals \$ _____	\$ _____
Departure Place _____	Lodging..... \$ _____	\$ _____
Destination _____	Mileage..... \$ _____	\$ _____
License No. Private Car _____	Airfare \$ _____	\$ _____
Mileage Round Trip _____	Misc \$ _____	\$ _____
Other _____	Total Travel Expenses \$ _____	\$ _____

Business Purpose and Description of Services Performed _____

Date(s) of Service _____ - _____

I certify that provision has been made in the project budget for this expenditure; that services were rendered as indicated; that the skills required were unavailable among salaried personnel assigned to the project; and that the above payment is commensurate with qualifications, usual fee rate, and services provided. I further certify that I was eligible to legally work in the United States of America, and are not disbarred or suspended from Federal payment during the time period of this service.

Signature of Claimant Date

Signature of Account Director Date

**FOR ACCOUNTING QUESTIONS CALL 282-4207.
 FOR PROCESSING QUESTIONS CALL 282-2511.**