



Independent contractor's expense reimbursement form

Section one: General information

Service provider: _____

Home address: _____

Email address: _____

Phone number: _____

To be completed by an ASU official: Explain the public purpose served and how the university benefited from the public fund's expenditure.

Attach all itemized receipts like the agenda, meeting brochure or other relevant items that support the payment code to the appropriate spend category. Worktag examples include "Cost Center" + "Program, Gift, Grant or Project."

Worktag to be charged: D1711 _____

Section two: Expense reimbursements — completed by the service provider

Date and time of the Arrival: _____ Departure: _____

Transportation cost: Attach the passenger copy of the airline ticket or travel agency invoice. \$ _____

Lodging cost: Attach original receipts. \$ _____

Meals: Receipts are required if the total meal or incidental expenses exceed \$50 per day. \$ _____

Date	Breakfast	Lunch	Dinner	Total

Total meal and lodging expenses should not exceed the allowed rates for Maricopa County or the rates of the location where university business was conducted if it was outside Maricopa County. Charges over those allowed under ASU travel policies will require written justification and may, at the discretion of Financial Services, require dean, provost, vice provost or vice president approval. [Review the state of Arizona Accounting Manual](#) for current lodging rates.

Other costs: Includes miscellaneous expenses like taxis. Attach the original receipts for any item that is \$50 or more.

_____ \$ _____

_____ \$ _____

Total expense reimbursement \$ _____

I certify that the above is complete and accurate. Any expenses paid directly to or on behalf of me by ASU, like an advance of fees or airline ticket, have been excluded from the above expense reimbursement calculation. If the payment is to be charged against federal funds, I agree and certify that I am not currently employed by the federal government.

Service provider signature _____

Date _____

Section three: Completion of service certification — completed by an ASU official

Signature and title of the ASU official acknowledging the completion of services _____

Date _____