

## **TRAVEL REIMBURSEMENT REQUEST FORM**

CRIC Workshop • Bethesda, MD • July 2017

### **1) PROVIDE PAYEE INFORMATION. ➤**

NAME:			
	LAST	FIRST	M.I.
MAILING ADDRESS (1):			
MAILING ADDRESS (2):			
CITY:			
STATE:			
ZIP CODE:			
EMAIL:			

### **2) COMPLETE THE ATTACHED TWO FORMS. ➤**

- Guest Travel Reimbursement Worksheet
  - Use this form to list the travel expenses you are requesting for reimbursement.
  - Remember to sign the form.
- W-9 Form
  - This form must list your permanent home address. (The address used when filing your taxes.) Employer addresses and PO Boxes are not permitted.
  - Remember to sign and date the form.

### **3) PROVIDE ORIGINAL, ITEMIZED RECEIPTS FOR ALL EXPENSES, up to \$1250.00 THAT YOU WILL CLAIM. ➤**

- **Airfare or Rail:** Ticket stub or itinerary/invoice confirmation showing dates of travel and cost of ticket. (\*Tickets purchased with frequent flyer miles are not reimbursable.)
- **Hotel:** Itemized hotel folio; credit card statement alone is not sufficient.
- **Car Rental and Gasoline:** Itemized rental statement and/or receipt(s); credit card statement alone is not sufficient.
- **Personal Meals:** Itemized meal receipt(s) and credit card receipt(s) if paid by credit card.  
(\*Receipts are not required if you are claiming per diem; M&IE rate only.)
- **Parking and Tolls:** Itemized receipt(s).
- **Mileage in Personal Vehicle:** 57.5 cents per mile. Provide proof of mileage; printout from internet.
- **Parking and Tolls:** Itemized receipt(s).

### **4) MAIL ALL FORMS AND RECEIPTS FOR PAYMENT PROCESSING. ➤**

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UNIVERSITY OF PENNSYLVANIA  
OFFICE OF THE COMPTROLLER  
GUEST TRAVEL REIMBURSEMENT WORKSHEET

This worksheet is to be used only for guest travel reimbursement where this reimbursement is the only payment received (except honoraria and awards). Suppliers and/or independent contractors billing for services or products should not use this worksheet, and should include their expenses within their fee structure according to their agreement/contract.  
Note: Penn Administrators - Please attach this worksheet to a completed PDA-NA or F Form. Use travel object codes 5206 (domestic) or 5207 (foreign).

PAYEE LAST		FIRST		MI		VENDOR #	
ADDRESS							
PURPOSE OF TRIP OR EVENT							
DESTINATION(S)		BEGINNING DATE (MM/DD/YYYY)		ENDING DATE (MM/DD/YYYY)		PHONE NUMBER <small>"for office use only"</small>	
<p>I CERTIFY THAT THE EXPENDITURES LISTED BELOW WERE INCURRED BY ME IN CONJUNCTION WITH OFFICIAL UNIVERSITY BUSINESS, COMPLY WITH ALL APPLICABLE POLICIES, ARE ACCURATE AND THAT I AM NOT REQUESTING REIMBURSEMENT FROM ANY OTHER SOURCE.</p> <p style="text-align: center;"><b>SIGNATURE OF PAYEE</b> <span style="color: red;">X</span> _____</p>							
DATE (MM/DD/YY)						TOTALS (\$)	
S	AIRFARE, RAIL, BUS						-
Z	CAR RENTAL & GAS						-
P	PRIVATE CAR MILEAGE \$						-
R	TAXIS/LOCAL TRANSPORT.						-
T	PARKING TOLLS						-
PER DIEM							-
L	BREAKFAST						-
L	LUNCH						-
D	DINNER						-
M	REFRESHMENTS						-
LODGINGS							-
R	TIPS (OTHER THAN MEAL/TAXIS)						-
H	TELEPHONE, POSTAGE						-
O	OTHER						-
TOTAL EXPENSES PER DAY							-
GRAND TOTAL - EXPENSES							

The Travel Policy recommends that forms be submitted for reimbursement within ten days of the Ending Date of the trip. Forms submitted after 6 months from the Ending date of the trip will not be reimbursed.

From the GSA.Gov website:

## FY 2016 Meals and Incidental Expenses (M&IE) Breakdown

The separate amounts for breakfast, lunch and dinner listed in the chart are provided should you need to deduct any of those meals from your trip voucher. For example, if your trip includes meals that are already paid for by the government (such as through a registration fee for a conference), you will need to deduct those meals from your voucher. Refer to [Section 301-11.18 of the Federal Travel Regulation](#) for specific guidance on deducting these amounts from your per diem reimbursement claims for meals furnished to you by the government. Other organizations may have different rules that apply for their employees; please check with your organization for more assistance.

The table lists the six M&IE tiers in the lower 48 continental United States (currently ranging from \$51 to \$74). If you need to deduct a meal amount, first determine the location where you will be working while on official travel. You can look up the location-specific information at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem). The M&IE rate for your location will be one of the six tiers listed on this table. Find the corresponding amount on the first line of the table (M&IE Total) and then look below for each specific meal deduction amount. \*\*\*\*Bethesda, MD is in the \$69 tier for Per Diem.

The table also lists the portion of the M&IE rate that is provided for incidental expenses (currently \$5 for all tiers).

Total	Continental Breakfast/ Breakfast	Lunch	Dinner	IE
<b>\$51</b>	\$11	\$12	\$23	\$5
<b>\$54</b>	\$12	\$13	\$24	\$5
<b>\$59</b>	\$13	\$15	\$26	\$5
<b>\$64</b>	\$15	\$16	\$28	\$5
<b>\$69</b>	\$16	\$17	\$31	\$5
<b>\$74</b>	\$17	\$18	\$34	\$5

This table lists the amount federal employees receive for the first and last calendar day of travel. The first and last calendar day of travel is calculated at 75 percent. \*\*\*If a meal is provided the amount listed from above is first subtracted from the total and then calculated at 75%.

Total	First & Last Day of Travel	***Travel day with breakfast provided
\$69	<b>\$51.75</b>	<b>\$39.25</b>

# University of Pennsylvania Foreign National Information Form

All applicable questions below must be answered. A copy of your I-94 Card, VISA, Passport and an I-20 / DS-2019 or I-797 must be attached to this form. This form must be returned before any check can be issued by Payroll or Accounts Payable.

**This section is to be completed by Department Representative.**

<b>Purpose for submitting this form:</b> <input type="checkbox"/> Employee (mark the appropriate box below) <input type="checkbox"/> New to University <input type="checkbox"/> Change in Visa Status <input type="checkbox"/> Tax Treaty Renewal		<input type="checkbox"/> Independent Contractor/Honorarium (Amount \$ _____) <input type="checkbox"/> Scholarship/Fellowship (Amount \$ _____) <input type="checkbox"/> Other _____ (Amount \$ _____)	
Annual Salary \$ _____		Department Contact Person _____	
Position Title _____		Email Address _____	
Department Name _____		Telephone Number _____ Ext. _____	
Campus Address _____			

**The remainder of this form is to be completed and signed by Foreign National.**

1. Last or Family Name _____		First _____	Middle _____	Mr., Mrs., Ms., Dr. (Circle One)
2. Social Security # or Temp ID# _____		3. Date of Birth _____ Month / Day / Year		
4. U.S. Local Street Address _____ Address Line 2 _____ Address Line 3 _____ City _____ State _____ Zip Code _____ Telephone Number ( ) _____		5. Foreign Residence Address _____ Address Line 2 _____ City _____ Postal Code _____ Province/Region _____ Province/Region Postal Code _____ Country _____		
6. Country of Citizenship _____		7. Country that issued Passport _____ Passport # / Expiration Date _____		
8. Visa # ( not the control number) _____		9. Email Address _____		
10. Your Current U.S. Immigration Status <input type="checkbox"/> U.S. Immigrant/Permanent Resident <input type="checkbox"/> F-1 Student <input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor <input type="checkbox"/> J-1 Exchange Visitor <input type="checkbox"/> H-1 Temporary Employee      Other _____				
11. If Immigration Status is J-1, What is the Category? <input type="checkbox"/> 01 Student <input type="checkbox"/> 05 Professor <input type="checkbox"/> 12 Research Scholar <input type="checkbox"/> 02 Short Term Scholar <input type="checkbox"/> 07 Alien Physician      Other _____				
12. What is the Primary Purpose of your Current Stay in the U.S.? <input type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 05 Observing <input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 02 Studying in a Non-Degree Program <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 04 Lecturing <input type="checkbox"/> 08 Training <input type="checkbox"/> 12 Here with Spouse				
13. What is the Actual Date you first entered the U.S. in your present immigration status? _____		14. What is the Start Date on your current immigration form (i.e., DS2019, I-20, or I-797, as applicable)? _____		15. What is the Projected End Date of your present immigration status? _____

The Foreign National Information Form must be completed before you can receive any form of payment.

<b>16. If Student, What Type?</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Medical Student	<b>17. If Married, is Spouse in U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Number of other dependents here, excluding spouse? _____
<b>18. For Independent Contractors/Self-Employed Individuals:</b> Do you/will you have an office (fixed base) in the U.S.?  <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how many days in this tax year did you/will you have office (fixed base)? _____ Days	<b>19. Country of Tax Residence if Different from Foreign Residence Address:</b>  Did tax residency end? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, when?                      ____/____/____ Month      Day      Year

**Prior U.S. Immigration Activity**

20. Please list all periods of stay in the U.S. during the last 3 calendar years and all F, J, or H visa periods since Jan. 1, 1988:					
Date of Entry to U.S.	Date of Exit from U.S.	Visa Immigration Status	J-1 Subtype (if J-1 status)	Purpose of Stay	Have You Taken Any Treaty Benefits?
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
____/____/____	____/____/____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

*Please attach separate sheet, if necessary.*

***Please type form, if possible. Otherwise, print neatly.***

**PLEASE RETURN THIS FORM TO:**  
**Payroll Tax Office**  
**3451 Walnut St Room 310, Philadelphia, PA 19104**

I hereby certify that all of the above information is COMPLETE, TRUE, and CORRECT. I understand that if my status changes from that which I have indicated on this form, I must submit a new Foreign National Information Form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Form **W-8BEN**

(Rev. February 2014)

Department of the Treasury  
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.  
 ► Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).  
 ► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form if:**

- You are NOT an individual . . . . . **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
- A person acting as an intermediary . . . . . **W-8IMY**

**Instead, use Form:****Part I Identification of Beneficial Owner (see instructions)**

1 Name of individual who is the beneficial owner	2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country
4 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	6 Foreign tax identifying number (see instructions)
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

- 9 I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.
- 10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_
- Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
  - The person named on line 1 of this form is not a U.S. person,
  - The income to which this form relates is:
    - (a) not effectively connected with the conduct of a trade or business in the United States,
    - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
    - (c) the partner's share of a partnership's effectively connected income,
  - The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
  - For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

**Sign Here**

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 2-2014)

# Limited Engagement Agreement

## Nonresident Aliens



University of Pennsylvania

**\*For this purpose only, this form will be substituted for the Nonresident Alien Information Form.\***

.....  
This Agreement is designed for the *limited* engagement of an academic nature and a short duration presented to the University community. It is not designed for engagements that create a material risk of physical injury or property damage. For these high-risk engagements requiring insurance, the Independent Contractor Agreement form should be used.

### **Service Provider Information**

Name of Individual	
Permanent residence/address (street, apt. or suite no., or rural route).	
City or town, state or province. Include postal code where appropriate.	Country
Email	Phone Number

### **Information and Documentation Requirements**

IDENTIFICATION DOCUMENTATION REQUIRED: W-8BEN and copies of Visa (if applicable\*), Passport Biographical Page, and U.S. Entry Stamp in Passport.

### **Tax Residency Status**

WHAT COUNTRY DID YOU LIVE IN PRIOR TO THIS U.S. VISIT?

DID YOU PAY TAXES AS A RESIDENT OF THAT COUNTRY? ☐ YES ☐ NO

DID YOUR TAX RESIDENCY IN THAT COUNTRY END PRIOR TO THIS VISIT TO THE U.S.? ☐ YES ☐ NO

IF YES, DATE THAT TAX RESIDENCY ENDED .....

### **Immigration Status**

Visa Information for current visit to U.S.:

Visa Issue Date	Visa Expiration Date	Have You Ever Had Another Immigration Status in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been present in the U.S. prior to this visit? ☐ Yes ☐ No If Yes, please complete the substantial presence test below

.....  
**Substantial Presence Test – determines the days you were present in the U.S. to verify tax residency. Additional information may be requested.**

.....  
Date you first entered the United States Please provide the days of presence in the US for the last 3 calendar years and all F, J, M, Q, and H visa periods.

Date of U.S. Entry Month/Day/Year	Date of U.S. Exit Month/Day/Year	Visa Month/Day/Year	Classification Month/Day/Year	Primary Activity	Have you taken any tax treaty benefits?
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

Continued on next page ►

.....  
This agreement is made by and between the Trustees of the University of Pennsylvania, a Pennsylvania tax exempt educational corporation ("University"), and \_\_\_\_\_ ("Individual"), and is effective as of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

The parties agree as follows:

1. **ENGAGEMENT:** Individual will provide a speech, lecture or performance on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
2. **DESCRIPTION OF SERVICES:**
3. **LOCATION OF SERVICES:**
4. **PAYMENT/TAXES:** University will pay Individual the sum of ..... If required, the University will withhold, remit, and report U.S. federal income tax on behalf of the individual unless covered under a tax treaty exemption. The nonresident alien must submit a signed Form 8233 for tax treaty benefit eligibility to the department initiating the request for payment. If services are being performed outside of the U.S., a signed certificate of foreign source income should be included. Travel expenses must be included on the invoice.
5. **SERVICE PROVIDER:** Individual will be participating in the Engagement as an individual service provider and not as an employee of the University.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed by their respective authorized representatives as of the date first set forth above. I hereby certify that all of the above information is COMPLETE, TRUE, and CORRECT to the best of my knowledge. I understand that if my status changes from that which I have indicated on this form, I must submit a new Limited Engagement Agreement Form."

.....  
**Signatures**

\_\_\_\_\_  
The Trustees of University of Pennsylvania

Print Name	Title
Date	Signature

Service Provider

Print Name	Signature
Date	

\_\_\_\_\_  
\* There are 38 countries that are part of the Visa Waiver Program. These individuals are not required to obtain a US Visa. For more information on these countries, please visit US Customs and Border Protection - [Visa Waiver Program](#)