THE UNIVERSITY OF AKRON HONORARIUM AND EXPENSE AUTHORIZATION

(NON-UNIVERSITY PERSONNEL)

NAME								
ADDRESS				DATES	From:		To:	
TYPE OF SERVICE R	RENDERED							
LIST EXPENSES BY	/ DAYS IN SEPARATE (COLUMNS - IF MOI	RE THAN F	IVE DAYS L	SE ADDITIO	NAL SHEE	TS WITH ON	E TOTAL
		DATES						TOTAL
COMMERCIAL TRAN	ISPORTATION - ie. P	lane, Taxi, Shuttle	e, etc. (Atta	ach original	itemized re	ceipts)		
Plane	to							0.00
	to							0.00
Other	to							0.00
	to							0.00
LOCAL TRANSPORT	ATION (Mileage) at c	urrent IRS rate. (F	Please use th	e check box to	indicate rour	dtrip mileage)	
From	to	miles U	_					0.00
From	to	miles 🗆						0.00
From	to	miles 🗆						0.00
LODGING - List and a	attach receipted bills							0.00
MEALS - If for more to	nan one person show	number					1	
Full Day								0.00
Breakfast								0.00
Lunch								
		-	-					
		_				AMT.	CLAIMED	
I hereby certify tha	t the expenses as detailed	above have actually b	een incurred	by me and ar	e proper reimb	oursable items	s. In addition, I	certify
	regular employee of the U							
SIGNED							DATE	
	Social Securit	y Number or Indiv	∕idual Taxp	ayer Identi	fication Nur	nber (ITIN)		
IMPORTANT: Is the	Payee, or the Beneficia	rv of the payment	a U.S. Citize	en or Perma	nent Resider	nt Alien?		
	f NO , please contact the						∐ Ye:	s 📙 No
AMOUNT APPROVED					CHARGE SPEEDTYPE(S)			
I certify that all the informat	ion is correct:						7005	
Signature and date							5703	
	Project Director							
Printed name/contact			ext					
							 	
Signature and date	Dean						<u> </u>	