

Travel Expenses Reimbursement Non-Employee Profile Set-up Request

Use this form only for travel reimbursement.
Use the [Payment to Individual \(PIR\)](#) form for non-travel services.

Indicate if new or a change in non-employee information.
Select one from the dropdown menu:

* Indicate changed non-employee information in the comment field below.

Department Information

UW Alternate (Preparer) for Non-Employee

Last Name: _____ (30 characters max)

First Name: _____ (30 characters max)

Title: _____

UW Person ID: _____ (Do not use SS#. Click on Work Record tab in [My UW](#). See UW Person ID on pay stub.)

E-mail (required): _____ Telephone: _____

Department Name: _____

Campus Address: _____

Dean's Information: _____ (name) _____ (email)

Non-employee Information

Default Department ID: _____

Fund: _____ Dept ID: _____ Program: _____ Project: (entered only on Expense Report)

Date of First Travel Expense: _____

Use only a full, legal name. Nicknames or aliases are not allowed.

Last Name: _____ (30 characters max)

First Name: _____ (30 characters max) Middle Initial: _____

All address information is required. *All payments to non-employees will be made by check.

*Payment Mailing Address:

Line 1: _____

Line 2: _____ (Indicate N/A if not applicable)

City: _____ State: _____

Zip or Postal Code: _____ Country: _____

Is the non-employee a U.S. Citizen (yes or no)?

If U.S. Citizen, please supply the last four digits of the Social Security number: _____

Comments:

Required Information for Profiles of Foreign Visitors

<input type="checkbox"/> I have reviewed the appropriate documents for correctness and expiration date.	Visa Type Documents Required B-1/B-2 <input type="checkbox"/> Passport <input type="checkbox"/> I-94
	WB/Waiver <input type="checkbox"/> Passport <input type="checkbox"/> I-94W
	F-1 <input type="checkbox"/> Passport <input type="checkbox"/> I-94 <input type="checkbox"/> I-20
	J-1 <input type="checkbox"/> Passport <input type="checkbox"/> I-94 <input type="checkbox"/> DS-2019

Other UW Alternate(s) (Preparer) for Non-employee

Last Name: _____ (30 characters max)
 First Name: _____ (30 characters max)
 Title: _____
 UW Person ID: _____ (Do not use SS#. Click on Work Record tab in [My UW](#). See UW Person ID on pay stub.)
 E-mail (required): _____ Telephone: _____

Last Name: _____ (30 characters max)
 First Name: _____ (30 characters max)
 Title: _____
 UW Person ID: _____ (Do not use SS#. Click on Work Record tab in [My UW](#). See UW Person ID on pay stub.)
 E-mail (required): _____ Telephone: _____

Forms with missing or incomplete information will be returned.

Accounting Services, 21 N. Park Street, Suite 5301, Madison, WI 53715-1218

Last updated: November 14, 2008