UH Form NE-INV (Disb)
Rev. 9/15/00

RESET FORM

Non-Employee Invoice

UH Department: _____ Invoice Number: _____

Billing Address: _____ Purchase Order Number: _____

Part A: Complete the following information

Legal Name/Taxpayer ID: _____ / _____
Last or Family Name | First Personal Name | Middle initial | U.S. Social Security Number or Taxpayer ID

Remittance Address: _____
Number and Street | City or Province | State or Country | Postal Code

Are You an U. S. Citizen?

☐ Yes, I am an U. S. Citizen. No WH-1 Required. (Complete Parts B, C & D)

☐ No, I am not an U. S. Citizen. I have attached a WH-1 and all other documentation as required for tax status determination. (Complete Parts B and C only)

Part B: Date(s)/Description of Services Performed and/or Date(s)/Purpose of Travel

Part C: Recordation of Expenses

FEE FOR SERVICES RENDERED:			$
HONORARIUM PAYMENT:			$
MEALS,LODGING & INCIDENTAL EXPENSES:			$
MEALS & INCIDENTAL EXPENSES *ONLY*:			$
LODGING EXPENSE *ONLY*:			$
MILEAGE:	_____ (Total Miles) X $_____ (Mileage Rate)/Mile	=	$ 0.00
OTHER EXPENSES:	Airfare	=	$
	Car Rental	=	$
	_____	=	$
	_____	=	$
TOTAL AMOUNT DUE:			$ 0.00

Part D: Certification of U.S. Citizenship

I certify that I am a U.S. Citizen. I further certify that the U.S. Social Security or Taxpayer ID Number shown above is correct and that I am not subject to backup withholding.

_____ _____
Original Signature | Date

**********Fiscal Office Use Only**********

Account Information for Data Entry

Account Code	Subcode	Amount	Account Code	Subcode	Amount