DISB NE-INV
(REV 011921 ADA)

RESET FORM

Non-Employee Invoice

E DOC NUMBER _____

UH Department: _____ Invoice Number: _____

Billing Address: _____ Purchase Order Number: _____

Please complete the following information:

Legal Name: _____
Last or Family Name | First Personal Name | Middle initial

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

Are You an U. S. Citizen?

☐ Yes, I am an U. S. Citizen.

☐ No, I am not an U. S. Citizen. I have attached a WH-1 and all other documentation as required for tax status determination.

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

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

Non Employee Certification:

Under penalties of perjury, I certify the information entered above is correct; and if a reduced rate of exemption from tax applies, I further certify that I have complied with all tax treaty requirements to qualify for the reduced rate.

_____ _____
Signature Date

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

Account Information for Data Entry

CHART	ACCOUNT	SUBACCT	OBJECT	SUBOBJ	CHART	ACCOUNT	SUBACCT	OBJECT	SUBOBJ