

Non Employee Expense Reimbursement

Section 1 - To Be Completed by Individual Payee

Reason for Reimbursement

University Relationship (check one)	Student	Prospective Employee	Other/Non-Employee
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If student, please provide MyMav number (1000# or 6000#)

Payee Information

Last Name	First Name
Telephone Number	SSN/TAX ID#

Mailing Address

Street

City	State:	Zip:	County
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Direct Deposit Program

Would you like to have the payment sent to you via direct deposit? (check one)
US Banks only

Yes No

If no, please sign and date below

Payee Signature _____ Date _____
If yes, please fill out financial information below

Financial Institution Name

Routing Number (9 Digits)

Account Number (max 17 Characters)

***Authorization Agreement:** I hereby authorize the University of Texas to deposit my payments directly to the account listed above (Section B) by way of Direct Deposit (Automated Clearing House (ACH) credit). This authority will remain in force until I have given advanced written notice, or deposit service has been discontinued by the discretion of the University of Texas. I understand that I must provide advance notice to allow reasonable time for my instructions to be executed. I understand that it is my sole responsibility to verify with my financial institution the receipt of my direct deposit funds. I agree to notify the University of Texas within three (3) business days if the deposit has not been made and/or receipt of an incorrect deposit amount. Furthermore, if an incorrect deposit should be made into my account, I authorize my financial institution and the University of Texas to make appropriate adjustment(s) from my account.*

Authorized Signature (required): _____

Printed Name (required): _____ Date (required): _____

Section II - To Be Completed by Department

Effective Date _____ Department Contact _____ Department Contact Phone _____

Default Chartfield Information

Fund	<input type="text"/>	Dept	<input type="text"/>	Function	<input type="text"/>	Cost Center	<input type="text"/>
Project	<input type="text"/>	PC Bus Unit	<input type="text"/>	Activity	<input type="text"/>		

Supervisor Name (required): _____ Supervisor Employee ID _____

Section III - To Be Completed by Travel Services

Temp EID number _____ Date Completed _____

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.