

The University of Texas at Tyler

Non-Employee / Person of Interest (POI) for Expense Reimbursement Only

SECTION TO BE COMPLETED BY CAMPUS DEPARTMENT:

Is this person a Service Provider? If so, STOP and email purchasing@uttyler.edu for assistance.

Effective Date		Department Code # (6 digits)	
Department Contact Name		Department Contact Phone #	
Name of Department Supervisor or Budget Authority		Supervisor or Budget Authority Employee ID #	
What is the University Relationship: (check one)	Student	Prospective Employee	Other/Non-Employee

If "Other/Non-Employee" was checked please explain:

Reason for Reimbursement Payment:

Route this form to the individual who may incur a reimbursable expense and after it has been returned, route this form to the Travel and Expense team at travel_docs@uttyler.edu.

SECTION TO BE COMPLETED BY INDIVIDUAL PAYEE:

Payee Legal Name:		Last Name	First Name
Telephone (XXX-XXX-XXXX)		SS/Tax ID #	
Mailing Address			
City	State	Postal Code	

Under penalties of perjury, I certify that the information provided on this form is, to the best of my knowledge, true, correct and complete.

You may be entitled to know what information UT Tyler collects concerning you. You may review and have UT Tyler correct this information according to procedures set forth in UT System UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the information according to Texas Government Code. Disclosure of your Social Security number (SSN) is required of you in order for the University of Texas at Tyler to help the Texas Comptroller of Public Accounts administer the state's tax laws and for other purposes, as mandated by Federal and State law. Further disclosure of your SSN is governed by the Public Information Act (Chapter 5562 of the Texas Government Code) and other applicable law.

Authorized Payee Signature

SECTION FOR FINANCIAL SERVICES USE:

Creator Signature:	Date	Reviewer Signature:	Date
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Assigned Temporary Employee ID #