



# Non-Employee Business Expense Report (Appendix A-1)

FOR OFFICE USE ONLY

Date	Address	Vendor No. _____
Non-Employee		Voucher ID. _____
Social Security Number		Date: _____
		1099 Eligible Yes      No

## EXPLANATION OF BUSINESS PURPOSE SECTION

Instance	Date(s)	Location	Description / Explanation
1			
2			
3			

## SUMMARY OF EXPENSES SECTION

Instance #	Dates	Description	Daily Expense Amounts							Total
			Air / Rail	Ground trans	Lodging	Meals	Alcoholic Beverages	Other		

## EXPENSE ANALYSIS SECTION

	<b>TOTAL EXPENSE</b>	<input style="width:100px;" type="text"/>
Less advances paid to Non-Employee <input style="width:100px;" type="text"/>	Less advances paid to Vendor(s) <input style="width:100px;" type="text"/>	Non-PHS Reimbursement <input style="width:100px;" type="text"/>
		Total Owed Non-Employee <input style="width:100px;" type="text"/>

Required Fields			Project / Grant (6 Digits)	Physician ID (8 Digits)	Activity ID	Resource Type	Amount
Business Unit (4 Digits)	Account (6 Digits)	Dept (Grant) (6 Digits)					

## PAYEE ATTESTATION SECTION

**TOTAL**

I certify that this report has been completed in conformity with the attached instructions and accurately describes the actual and necessary business expenses incurred in compliance with PHS policies unless specifically noted. I have not received reimbursement for these expenses from any other PHS entity or outside source. If airfare expense has been charged to a federally funded grant, I further certify that best efforts were made to obtain the lowest reasonable commercial airfare for such travel.

I attest that no alcoholic beverages have been charged to a federally funded grant.

Non-Employee's signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Prepared By \_\_\_\_\_ Department \_\_\_\_\_ Phone \_\_\_\_\_

## APPROVAL SECTION

Approvers must be individuals senior to Payee. Please see PHS Policy and Procedure for Employee Business Expense for more information regarding approvers and circumstances requiring Special Approval

	General Approval	Special Approval	A/P Audit
Signature			
Print Name			
Title			
Date			