**TRAVEL EXPENSE MODULE NON-EMPLOYEE SETUP FORM**

***Note: All information below is required. Forms with missing or incomplete information will be returned. All payments to non-employees will be made by check.***

**Requestor’s Name:**       **Requestor’s Email Address:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Traveler Full Name |  | | | | | | | |
| Traveler Address\* | Street/PO Box: | | | | | | | |
| City: | | | | State: | | Zip: | |
| Dates of Travel | to | | | | | | | |
| Business Purpose |  | | | | | | | |
|  | Fund | | Dept ID | | | Program | | Project |
| Alternate Information (UW Employee who will be entering the Travel Expense information in the module. At least one alternate must be established, may enter more if desired.) | | | | | | | | |
| Name | | Empl ID | | Email address | | | | |
|  | |  | |  | | | | |
| Additional Comments | |  | |  | | | | |
|  | |  | |  | | | | |
|  | |  | | | | | | |

\* If traveler is a non-US Resident for tax purposes please indicate this in your email submitting this form to obtain information on additional documentation required.

Please email this completed form to [travel@uwosh.edu](mailto:travel@uwosh.edu)