E-Reimbursement Non-Employee Profile Set-up Form

Please use this form to request an e-Reimbursement profile for an individual who:

- Has never had a UW Madison appointment; OR
- Is not a newly hired UW Madison employee; OR
- Is a former UW Madison employee whose appointment ended more than one year ago; OR
- Is a former UW Madison employee prior to 10/01/2008 who now has an appointment at another UW System campus.

Non-Employee Information								
								mation will be returned.
·	l nan	ne. Nickname	s or ali	ases are not allo	wed. All p	payments to non-em	ploye	es will be made by check.
Last Name:								Add dalla da de d
First Name:								Middle Initial:
Address Line 1:								
Address Line 2 (In	dica	te if N/A):			l /-			
City:					Zip/Postal Code:			
State and/or Province:					Country:			
Default Funding		pt ID: 484260		Fund: 144		Program: 4		Project: AAB6447
Date of First Trave	el Ex	pense (e.g.,	date c	of airfare purch	hase):			
Is this non-		☐ Yes →	If yes, please supply the non-employee's U.S. Taxpayer Identification					
employee a U.S.			Number [SSN, ITIN, or EIN][last four digits]:					
Resident for Tax		\square No \rightarrow	If no, please complete the reverse side of this form [Additional					
Purposes?			Information Required for Profiles of Nonresident Aliens(NRA)].					
				Alternate	Inform	ation		
			•			•	•	e reports on behalf of the iired per alternate listed.
Last Name		First Name		UW Empl ID		E-mail Address		
Connelly		Dana		00091534		dana.connelly@wisc.edu		
Snell		Robin	002542		247	robin.snell@wisc.edu		
				Com	ments			
Please return th	is fo	orm to: IRP	Event	s Coordinator	dana co	nnellv@wisc ed	11	