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

| Note: All non-emplo | oyee | address inforn | nation i | s required. Forn | ns with mi | ssing or incomplete | information will be returned. | | | | | |
|--|-------|--|---|------------------|------------------|-----------------------|--------------------------------|--|--|--|--|--|
| Use only a full, lega | l nan | ne. Nickname | s or alia | ses are not allo | wed. All p | payments to non-em | ployees will be made by check. | | | | | |
| Last Name: | | | | | | | | | | | | |
| First Name: | | | | | | | Middle Initial: | | | | | |
| Address Line 1: | | | | | | | | | | | | |
| Address Line 2 (Indicate if N/A): | | | | | | | | | | | | |
| City: | | | | | Zip/Postal Code: | | | | | | | |
| State and/or Province: | | | | | Country: | | | | | | | |
| Default Funding | De | ept ID: 484260 F | | Fund: 233 | | Program: 4 | Project: PRJ43CQ | | | | | |
| Date of First Travel Expense (e.g., date of airfare purchase): | | | | | | | | | | | | |
| Is this non- | | \Box Yes \rightarrow | 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 | | □ No → | If no, | please comple | ete the re | everse side of this f | orm [Additional | | | | | |
| Purposes? | | Information Required for Profiles of Nonresident Aliens(NRA)]. | | | | | | | | | | |

Alternate Information

Note: An alternate is a UW – Madison employee who is delegated to prepare and submit expense reports on behalf of the above non-employee. Only one alternate is required, but more may be added. All fields are required per alternate listed.

| Last Name | First Name | UW Empl ID | E-mail Address | | | |
|--|------------|------------|------------------------|--|--|--|
| Connelly | Dana | 00091534 | dana.connelly@wisc.edu | | | |
| Snell | Robin | 00254247 | robin.snell@wisc.edu | | | |
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| | | | | | | |
| | | | | | | |
| | | Comments | | | | |
| | | | | | | |
| Please return this form to: IRP Events Coordinator, dana.connelly@wisc.edu | | | | | | |