Please read this before filling in the reimbursement form!

- Please put "Midwest Dynamical Systems" under "Hosting Individual."
- Make sure your full name, email address and mailing address are typed or written clearly. Please also ensure that you have signed the bottom left hand corner in the Visitor's Signature space. We cannot process your reimbursement without this.
- You only need to fill in the W-9 form if you are a US citizen or permanent resident and only if you have received a payment from Northwestern University in the past. Please be sure to fill in the section on "Any Special Notes" as instructed above so that it will be clear whether a W-9 is needed or not.
- Receipts: All receipts need to show actual payment (not just confirmation of air tickets or hotels). Air travel receipts need to show travel class (economy, coach, etc.). This may require a receipt and separate itinerary. Please do not include meal receipts.
 Reimbursements will cover travel and lodging only.
- If you are claiming mileage, please include the exact from-to address. If you shared car travel with another participant, please include that information, including the name(s) of others with whom you traveled. (Please note if mileage one way is over 300 miles, we will pay the lesser of that mileage or an equivalent round trip flight. This can be modified for more than one participant per car).
- Forms should be returned to <u>deavon.mitchell@northwestern.edu</u> or <u>finances@math.northwestern.edu</u> within 30 days. Forms can be scanned and emailed as long as scans are legible PDFs; this is the preferred method of reimbursement submission. Forms can also be mailed to the address on the form.

NORTHWESTERN UNIVERSITY MATHEMATICS DEPARTMENT REIMBURSEMENT REQUEST PROCESSING FORM FOR VISITORS

NAME:
EMAIL:
HOSTING INDIVIDUAL:
ANY SPECIAL NOTES?:
Expense Report Instructions: Please address the details below. Any missing information can lead to a delay in processing your reimbursement.
Please fill out the following information on the attached form:
 a) Name, Address, and Phone Number (where you would like the reimbursement sent) b) Business Purpose c) Inclusive Dates of Travel d) Expense Items and amounts that are being claimed for reimbursement
 (add explanations as necessary – amounts claimed must match receipts submitted) e) Visitor Signature and Date
Fill out the expense report detail form with an itemized list of each receipt submitted.
Fill out the W-9 form if you are receiving a contractor fee, speaker fee, honorarium, or have
previously received any payment (reimbursement or fee for services) from Northwestern University.
Submit all itemized and original receipts within 30 days. Any submitted documentation will not be returned. In the rare case that you are claiming an expense where a receipt was unavailable to obtain, please append an explanation to your reimbursement submission.
Append foreign currency conversions where applicable. For purchases in a foreign currency,
please append currency conversion documentation (the rates should be those used at the time of transaction). A currency converter is available at http://www.oanda.com/convert/fxhistory.
Alternatively, a credit card statement showing charges claimed is also acceptable.
☐ If you are claiming mileage, please specify where mileage was incurred (from where, to where). ☐ Please submit a copy of your airfare receipt, even if you are not claiming it in the reimbursement. This is needed as per auditing requirements. (Please write "NOT CLAIMING" on the airfare receipt if you are not seeking reimbursement for your flight.)
☐ Send your forms and receipts to:

Attn: Reimbursement Processing
Department of Mathematics
Northwestern University
2033 Sheridan Road
Evanston, IL 60208-2730

Questions? Email finances@math.northwestern.edu

Last update: 11/2/2016

Visitor's Expense Report	port	Department:	t: MATHEMATICS			Request #:	MAT52113414	
AN SBECLORIC FEN IS AVAILABLE, SBECLIFO CIRLIE VOUCHER III LIE NOFORIA	and local	Request Date	12					
Northwestern	prn	Dept. Conta	Dept. Contact: Deavon Mitchell		>	Voucher #:		
TAOT CITM COC	7777	Phone: 847.491.8017	7.491.8017		>	Visitor		
		Email: dea	deavon.mitchell@northwestern.edu	stern.edu	>	Vendor Code:		
VISITOR: Please Complete this Section	ection			Origin	al receipts	must be submi	Original receipts must be submitted for all claimed expenses	xpenses
Visitor Name:				Business Purpose:	ese:			
Address:								
City, State ZIP:								
		ŀ						
vel or Expen	From:		10:					
pense Item	ption, Docu	Imentation R	Description, Documentation Requirements	Explanation of Expense	Expense			Amount
Rail Attach o	Coach rate; attach original passer	Coach rate, attach original passenger receipt Affach original passenger receipt	Idecelor					
und Transportation	c., attach orig	Taxi, etc., attach original receipts and	nd include tip					
	Enter Mileage incurred on or befor Enter Mileage incurred on or after	Enter Mileage incurred on or before 12/31/2017: Enter Mileage incurred on or after 1/1/2018:	12/31/2017:	@ 0.535 per mile: @ 0.545 per mile:	\$0.00	Parking Total:	Tolls Total:	80.00
Other Transport Rental car, etc.	ar, etc.							
ХE	Attach original hotel voucher	voucher						
Meals Attach o	Attach original receipts, d per night, incl. tax and tip	Attach original receipts, dinners may n per night, incl. tax and tip	y not exceed \$65					
Incidentals Attach o	riginal receip	ts, gratuities &	Attach original receipts, gratuities & other misc. items					
Non-travel Expense #1								
Non-travel Expense #2								
Non-travel Expense #3								
VISITOR: Certification Signature Required	Required		To NORTHWESTERN UNIVERSITY USE ONLY Chartstring Distribution	INIVERSITY USE	ONLY Ch	rtstrina Distrib	Total Expense	\$0.00
I certify that I have paid out these amounts for University- related activities in support of the business purpose listed and in accordance with University policies and procedures, that sponsored project expenses contain no charges for alcoholic beverages or other unallowable items, and that I have not previously received nor will I receive separate reimbursement from Northwestern University or any other	mounts for Usiness purp olicies and policies and pratain to charavable items, I I receive se University or	University- ose listed procedures, riges for and that I eparate any other	Fund Depart	Department Project	Activity	Program	CF1 Account	Amount
entity for any charge I am submitting on this form	g on this form		Dean or Supervisor Area(s) Approval Required I certify that these expenses were incurred for University University accounts.	Area(s) Approval nses were incurred fi	Required or University	elated activities a	Dean or Supervisor Area(s) Approval Required certify that these expenses were incurred for University related activities and approve them as proper charges to Iniversity accounts.	per charges to
Date			Print Name(s)		Signature(s)			Date
Visitor Signature		ľ						

(Rev. December 2014) Department of the Treasury Internal Revenue Service

• Form 1099-INT (interest earned or paid)

Form 1099-S (proceeds from real estate transactions)

brokers)

 Form 1099-DIV (dividends, including those from stocks or mutual funds) · Form 1099-MISC (various types of Income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by

• Form 1099-K (merchant card and third party network transactions)

Request for Taxpayer Identification Number and Certification

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Give Form to the requester. Do not send to the IRS.

62.	2 Business name/disregarded entity name, if different from above								
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or				4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts meintained outside the U.S.)				
cific n	5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)						
See Spe	6 City, state, and ZIP code								
İ	7 List account number(s) here (optional)								
Part	Taxpayer Identification Number (TIN)				_		-		77.5
Enter	our TIN in the appropriate box. The TIN provided must match the nam			cial sec	urity n	umber	_		
backup withholding. For individuals, this is generally your social security number (SSN). However, resident allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other					-		-		
entities	s, it is your employer identification number (EIN). If you do not have a n page 3.	umber, see How to ge	ta L or		ا ل		ا		
	page 3. If the account is in more than one name, see the instructions for line 1.	and the chart on page	90	ployer i	dentif	ication	numi	ber	
guidelines on whose number to enter.					П				T
Part	III Certification						L		
D. Rev.	penalties of perjury, I certify that:								
	number shown on this form is my correct taxpayer identification number	per (or I am waiting for	a number te	o be iss	ued t	o me);	and		
Ser	n not subject to backup withholding because: (a) I am exempt from bar vice (IRS) that I am subject to backup withholding as a result of a fallur longer subject to backup withholding; and	ckup withholding, or (ke to report all interest) I have not or dividends	been n s, or (c)	otified the IF	l by the	e Inte notif	mal Re ied me	evenue that I am
3. l ar	n a U.S. citizen or other U.S. person (defined below); and								
	FATCA code(s) entered on this form (if any) indicating that I am exemp								
becau interes genera	cation instructions. You must cross out item 2 above if you have been se you have falled to report all interest and dividends on your tax return it paid, acquisition or abandonment of secured property, cancellation of ally, payments other than interest and dividends, you are not required to tions on page 3.	n. For real estate trans of debt, contributions t	actions, iten o an individ	n 2 doe ual retir	s not emen	apply. t arran	For a	mortga; ent (IRA	ge \), and
Sign Here	Signature of U.S. person ▶	D	ate 🕨						
Gen	eral Instructions	Form 1098 (home mo (tuition)	ortgage interes	st), 1098	-E (stu	dent lo	an int	erest), 1	098-T
Section references are to the Internal Revenue Code unless otherwise noted.		• Form 1099-C (canceled debt)							
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.		Form 1099-A (acquisition or abandonment of secured property)							
Purpose of Form		Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.							
An individual or entity (Form W-9 requester) who is required to file an information		If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.							
which t	vith the IRS must obtain your correct taxpayer identification number (TIN) nay be your social security number (SSN), individual taxpayer identification	By signing the filled-out form, you:							
identifi	r (ITIN), adoption taxpayer identification number (ATIN), or employer cation number (EIN), to report on an information return the amount paid to other amount reportable on an information return. Examples of information	 Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 							
	include, but are not limited to, the following:	Certify that you ar	e not subject	to backı	ıp with	holding	, or		

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.