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						
						information will be returned.
	name. Nickname	s or ali	ases 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 Dept ID: 484260			Fund: 133		Program: 4	Project: AAD3279
Date of First Travel Expense (e.g., date of airfare purchase):						
Is this non-	∏ Yes →	If yes	s, please supply	pply the non-employee's U.S. Taxpayer Identification		
employee a U.S.			Number [SSN, ITIN, or EIN][last four digits]:			
Resident for Tax	No →		please complete the reverse side of this form [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	
Comments						
	forms to IDD		Coordinator	· dana co	nnelly@wisc edi	