

**BRYN MAWR COLLEGE**  
**Payment Request (Non E-Market)**

**Instructions:** Complete PDF electronically, save, and attach required documents. Forms can be emailed to [accountspayable@brynmawr.edu](mailto:accountspayable@brynmawr.edu) with cc'd approver(s) and employee payee or can be printed and mailed with the required signature(s) to the Controller's Office. Encrypt emailed forms with sensitive data (W8/9 forms, foreign wire bank accounts)

Must select one or more boxes:

**Reimbursement**

**Honorarium**  
 (Account code 51814)

**Foreign Wire Request**  
 (International Vendors)

**Advance:\$200 minimum**  
 (BMC Employee/Student Only)

**Advance Reporting Rec.**  
 (Due 30 days after expense)

**SECTION I:**

Must choose one of the circles below:

**BMC ID:** \_\_\_\_\_  Employee  Student-Mailbox #: \_\_\_\_\_ Other: \_\_\_\_\_

**Name of Payee:** \_\_\_\_\_  
 First Middle Last

**Payee's Address:** \_\_\_\_\_  
 Street Address City State Zip

**Employees (Faculty, Staff or Students) are paid by Direct Deposit to same bank account they chose for their paycheck. Non-Employees (Guests or Students not employed by BMC) are paid based on the default method in their vendor record.**

**Mail check or notice of deposit to:**

US Mail to Payee's Address Campus Mail : \_\_\_\_\_ Check Pick up by: \_\_\_\_\_

**SECTION II:**

**16 DIGIT ACCOUNT NUMBER**

Fund	Expense	Department	Project	AMOUNT
<b>TOTAL AMOUNT:</b>				

**Business Purpose Expense(s) Description:** \_\_\_\_\_

**Date(s) of Expense(s) or if Travel, Date Range:** \_\_\_\_\_

**Travel: City, State or Country:** \_\_\_\_\_  
 (Must Complete BMC Travel Expense Summary)

**Travelers:**  Same as payee  Other (indicate name) \_\_\_\_\_

**Citizenship** U.S. or resident alien Nonresident alien (country): \_\_\_\_\_  
 (Honorarium Only) (W-9 must be attached or on file) (Appropriate signed Glacier forms must be attached)

ITEMIZED PAID RECEIPTS/INVOICES FOR ALL EXPENSES MUST ACCOMPANY THIS REQUEST. If travel, attach BMC Travel Expense Summary When receipts are unavailable, please use Section III and include the reason for the missing receipts. See page 2 for payment to a foreign vendor.

**SECTION III: Certification and Authorization**

We certify the following:

- The reported expenditures were incurred in connection with College business.
- No portion of the claimed expenses has been or will be reimbursed from other sources.
- Expenses adhere to the College's policies and guidelines.
- Expenses are substantiated by itemized receipts that indicate method and amount of payment. Exceptions to the policy, such as lack of itemized receipts, have been approved for the following reason(s) below:

\_\_\_\_\_

**Form Completed By:** \_\_\_\_\_

**Authorizer's Printed Name:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

**Employee Payee Signature:** \_\_\_\_\_

(Employee and Approver signature can be sent electronically with a BMC email)

Phone ext.

Date

**SECTION IV: Payment to a Foreign Vendor**

Attach invoice, foreign wire instructions received and fill in any additional information not provided on the attachment.

Payee: \_\_\_\_\_

Payee Address (if different than above): \_\_\_\_\_

(Must be a Street Address, No P.O. Boxes)

Name on Bank Account: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Wire in following Currency (i.e. British Pounds, Euros, Yen): \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Swift Code: \_\_\_\_\_

Sort Code (Mandatory for U.K.): \_\_\_\_\_

IBAN #: \_\_\_\_\_

Any Further Instructions: \_\_\_\_\_

**Bryn Mawr College Travel Expense Summary**

ENTER TRAVEL COSTS IN THE APPROPRIATE SPACES BELOW, THE TOTALS WILL AUTOMATICALLY CALCULATE FOR YOU.

If your travel period exceeded seven days or if you need more space to complete a category, please open a second form and only complete this section.

**\*\*See Standard Mileage Rates webpage to get the per mile amount to enter below for dates traveled.**

Date									TOTALS
Airfare									
Taxi / limo / shuttle									
Rail / bus/ subway/ ferry									
Parking/Tolls									
Car rental									
Gas: BMC or rentals only									
**Mileage: @ _____¢ per mile #									
Personal vehicle only									
PerDiem Meals									
Lodging ( room / taxes)									
Total meals for self:									
Breakfast									
Lunch									
Dinner									
Snacks									
Total meals for guest(s)									
Name of guest(s)				Business reason for guest(s)					
Conf. Registration Fee									
Phone/ Fax/ Duplicating									
Tips									
Other:									

**Total itemized travel expenses from above:**

**Less travel advance:** \_\_\_\_\_ (Input as negative number)

**Reimbursement requested/(Excess funds due BMC):** Record total amount in Section II on the front side