

BRYN MAWR COLLEGE
Payment Request (Non E-Market)

Instructions: Open form and save as PDF, complete form electronically (Recommended), print, attach required documents, obtain required signatures. Send to Controllers Office, Accounts Payable-Cartref Hall.

Must select one or more boxes:

Reimbursement

Honorarium
 (Account code 51814)

Foreign Wire Request
 (Foreign Currency Only)

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

Advance Reporting
 (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 (dept name/bldg): _____

Pick up Check

SECTION II:

16 DIGIT ACCOUNT NUMBER

Fund	Expense	Department	Project	AMOUNT
TOTAL AMOUNT:				

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

ORIGINAL ITEMIZED PAID RECEIPTS/INVOICES FOR ALL EXPENSES MUST ACCOMPANY THIS REQUEST. If travel, attach BMC Travel Expense Summary When receipts are not available, 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 the attached original itemized receipts which indicate method and amount of payment. Exceptions to the policy, such as **lack of original itemized receipts**, have been approved for the following reason(s) below:

Form Completed By: _____ Phone ext. _____ Today's date _____

Payee's Signature: _____ Phone ext. _____ Today's date _____
 (Required for Employees)

Authorizing Signature: _____ Phone ext. _____ Today's date _____

SECTION IV: Payment to a Foreign Vendor (Foreign Currency Only)

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: If no travel advance record total amount in Section II on the front side

Less travel advance: _____ (Put in as negative)

Reimbursement requested/(Excess funds due BMC): Subtract travel advance from total & enter \$ amount.

Record total amount in Section II on the front side