INDIVIDUAL INDEPENDENT CONTRACTOR TRAVEL EXPENSE REPORT
University of Alabama at Birmingham
(Contractor should complete one form per trip. To request reimbursement, UAB department should submit an online payment request payable to the independent contractor, with a copy of this form and all associated receipts etc. scanned in as official documentation for the payment request. See UAB Financial Affairs website for specific expenditure guidelines.)

Contractor Name _______________________________   Federal Tax ID ______________
Contractor Address  _________________________________________________________

Points of Travel
Arrive: Date______ Time______ From________________ Via________________ Mode______
Depart:Date______ Time______ To    ________________ Via________________ Mode______
MM/DD/YYYY       H:MM am/pm         City, State                                City,State                   PrivateCar, RentalCar,Plane, Train, Etc.

Transportation
-Private Car Mileage (Not rental cars): ________ miles @ $.____ per mi.(IRS rate) =$_________
-Airfare/Trainfare (Coach class only. Attach ticket stub.)          $_________
-Rental Car (Attach original receipts. Give justification for why rental car was used instead of public transportation.)             $_________
-Taxi/Van (Including tips. Attach original receipts for fare where applicable.)             $_________
-Parking in home city  (Attach receipt if applicable.)                     $_________
-Parking in Birmingham (Attach receipt if applicable.)                     $_________
Total Transportation            $_________

Contractor's Meals (Attach original receipts. Cannot include any alcoholic beverages.)

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Total Meals       $_____________

Contractor's Hotel Room (Attach original receipts. Basic single occupancy room rate only.)
$_____________ per night room rate incl. tax @ ________ # nights = $______________

Miscellaneous (no phone calls)
-Baggage Handling Tips  (Receipts not required.)   $________

Total Reimbursement Requested      $_____________ Total

Certification:  I hereby request reimbursement of the travel expenses detailed above and do hereby certify that: these expenses were incurred by me, are directly related to my independent contractor services provided to UAB; there are no alcoholic beverages included in these expenses; I have not previously billed UAB for any of these expenses; and that I have not, nor will I be, reimbursed for this expense by any other party.

_________________________________                 ___________
Signature of Contractor                Date

Revised 01/05