UNIVERSITY OF PENNSYLVANIA
SCHOOL OF ARTS AND SCIENCES
Williams Hall Business Administration Services

WHBAS “Individual” Transaction Request Form

Requestor Information

Dept./Center/Program: ____________________________________________________________

Requestor’s Name: ___________________________________________ Today’s Date: _____ / _____ / _____

Account to Charge: _____________________________________________________________

Account Authorization Signature: __________________________________________________ (Account Owner or Dept/Center/Program Point Person)

I CERTIFY THAT THE EXPENDITURES LISTED BELOW WERE REVIEWED BY ME AND THAT ALL REQUIRED SUPPORTING DOCUMENTATION IS ATTACHED.

Payee Information

Name: __________________________________________________________ (First, MI, Last)

☐ Faculty  ☐ Staff  ☐ Student (US Citizen)  ☐ Student (Foreign Nat’l)  ☐ Guest (US Citizen)  ☐ Guest (Foreign Nat’l)

Address that Check Should Be Mailed to: ____________________________________________________________

____________________________  ____________________________________________________________________

Last 4 digits of Payee Social Security Number (only)  * * * * _________

Payee Signature: ________________________________________________________________

I CERTIFY THAT THE EXPENDITURES LISTED BELOW WERE INCURRED BY ME IN CONJUNCTION WITH OFFICIAL UNIVERSITY BUSINESS, COMPLY WITH ALL APPLICABLE POLICIES, ARE ACCURATE AND THAT I AM NOT REQUESTING REIMBURSEMENT FROM ANY OTHER SOURCE.

Transaction Requested

☐ Entertainment Expense Reimbursement (include C1A) in the amount of ............ $ ____________ • ___

☐ Honorarium Payment (include W9, lecture poster)  ______________________________ $ ____________ • ___

☐ Payroll / Additional Pay Request in the amount of  _____________________________ $ ____________ • ___

☐ Travel Expense Reimbursement in the amount of  ______________________________ $ ____________ • ___

☐ Travel Advance Request (include C7A) in the amount of  _______________________ $ ____________ • ___

☐ Travel Advance Reconciliation / Amount of Advance  ___________________________ $ ____________ • ___

Reimburse additional monies in the amount of  ________________________________ $ ____________ • ___

☐ Payment for Services (Provided by an individual, not a company.) in the amount of … $ ____________ • ___

Describe service(s): _____________________________________________________________

☐ Other Reimbursement in the amount of  ________________________________ $ ____________ • ___

Please explain: ________________________________________________________________

Note: For individuals who are NOT United States citizens or resident aliens (green card holders), please consult the Business Office well in advance for advice on payment requirements. Thank you.

Note: Please attach any backup correspondence, lecture posters, or forms to this request. If you have any doubt as to what is required for a specific transaction, please contact the Business Office. Thank you.