



# MONTCLAIR STATE UNIVERSITY

## Dept. of Treasury and Finance Non-Employee Reimbursement External Committee Member Request

### Instructions

1. For payment of non-employee / non student-worker.
2. Cost Center Manager or Department Head, complete form.
3. Email completed form to [travel@montclair.edu](mailto:travel@montclair.edu)

All payments using this form will be made via check to the address provided.

I hereby certify to the best of my knowledge that the Payee is not an employee of MSU and is not a student worker at MSU.

Is the Payee a Non-Resident Alien for tax purposes? Y \_\_\_\_ N \_\_\_\_

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

### Committee Member

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Purpose: \_\_\_\_\_

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