



TRAVEL AND EXPENSE MANAGEMENT

CONCUR NON-EMPLOYEE SETUP REQUEST

Sponsoring Department: _____

Business Purpose: _____

Delegate(s): _____

Guest Information

Full Legal Name: _____

Sponsored Guest Affiliation: _____

Email Address: _____

Mailing Address (where check will be sent): _____

Will the guest be reimbursed for travel expenses? ☐ Yes ☐ No

Reimbursement Method: ☐ Check ☐ Direct Deposit ☐ ***Wire Transfer

**Chart of Accounts:

ENTITY	FUND	HR UNIT	FUNCTION	PROGRAM	PROJECT	PHYSICAL LOCATION	SUB- ACTIVIY

**This Chart of Accounts will be used as a default account for unprocessed transactions.

***Wire Transfer requests must be submitted to Accounts Payable via a [Wire Transfer Request](#) ticket.