



WORKDAY INDIVIDUAL REIMBURSEMENT ADD FORM

This form is used to capture the information needed to reimburse expenses incurred by an individual not affiliated with the University. If you are an independent contractor, vendor, or business, please use the Workday Supplier Add Form instead.

Submit this form to <https://byuh.app.box.com/f/bcac7fd45f2b45a4a6042a42799b95bf>

See <https://purchasing.byuh.edu>, for more information and instructions about our suppliers and secure form upload page

INDIVIDUAL INFORMATION

Complete this section for all individuals.

Name and Contacts	Addresses
Individual Name:	Mailing Address (if different):
E-mail Address:	Phone Number:

SUPPLIER DIRECT DEPOSIT INFORMATION (U.S. ACH TRANSMITTAL ONLY)

Complete this section and attach a scan of a voided check to receive funds via ACH Transmittal. Leave blank if you prefer to receive check payment from the university.

Name and Type	Numbers
Bank Name:	Account Number:
Account Type Checking or Savings	Bank Routing Number:

CERTIFICATION

Initial and Date	Certification and Signature
Initial:	I certify that I am providing my bank account information and that it is complete and accurate. I understand that the direct deposit process takes two additional working days for the payment to go into my bank account. I understand that if I have provided incorrect information or if my account has closed, it can take up to two working weeks for me to receive a check or have the funds deposited again. I understand that if my bank account changes, it is my responsibility to notify Accounts Payable in Financial Services.
Date:	Supplier's Signature:

Last Updated 05.05.24