

**University of North Carolina at Chapel Hill
School of Public Health
Department of Health Behavior**

EXPENSE PROCESSING REQUEST

Name:
Title:
Address:

Social Security Number or UNC PID: (Should be provided on W-9, or One Card during the vendor set up process.)

Project Title/ID: _____

EXPENSE DETAILS

| DATE | TYPE OF SERVICE | DESCRIPTION | RATE | TIME | PAYMENT DUE |
|------|-----------------|-------------|------|--------------|-------------|
| | | | | | |
| | | | | TOTAL | |

I understand that I am required to provide on this form my social security number, or PID so that UNC-Chapel Hill can satisfy its tax obligations under North Carolina and federal laws. Unless I have stricken through this sentence and put my initials beside this sentence, I voluntarily permit UNC-Chapel Hill also to use my social security number as a personal identifier for other internal record-keeping and data processing operations of UNC-Chapel Hill.

Submit this information to your project administrator or:

Allan Yara
Accounting Technician
302E Rosenau Hall, CB# 7440
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7440

Expense approved by:

Name: _____

Signature: _____

| | | | | |
|---------------------------------------|----------------------|-----------------------|-----------------------|--------------------------|
| **For HB Department Use Only** | | | | |
| <u>Fund</u> | <u>Source</u> | <u>Dept ID</u> | <u>Account</u> | <u>Project ID</u> |
| _____ | _____ | _____ | _____ | _____ |
| Transaction processed by: _____ | | | | |
| Department approval: _____ | | | | |