

REIMBURSEMENTS

Section 1 - to be completed by person incurring expense

Name: _____ Date: _____

UC Employee: YES NO

Email address: _____

Address: _____

Item(s)
purchased: _____

Purpose/
justification: _____

Amount: _____ **Method:** Credit Card Cash Check

X

REQUESTER SIGNATURE: PLEASE PRINT & SIGN YOUR NAME

I certify that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.

Section 2 - to be completed by PI

Account to be charged (specified by PI):

PROJECT CODE		ACCOUNT #	FUND #

How does this purchase specifically benefit the account being charged?

X

PI NAME

X

PI APPROVAL SIGNATURE

Please attach **original receipts** showing amount paid and method of payment.

*** all fields of form must be completed ***