

Reimbursement Request Form

DO NOT USE THIS FORM FOR TRAVEL EXPENSES (see travel voucher worksheet)

Date: _____	Charge to Grant: _____	Total Amount: _____
		\$ _____

Payable To: _____	
UC Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Choose One: <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Mail Check
E-mail Address REQUIRED: _____	
Mailing Address REQUIRED: _____	

Description and Business Purpose of Item(s) Purchased:	
*If no sales tax was charged, be advised that the account from which the reimbursement funds are drawn will be charged the appropriate sales tax amount by Accounting for payment to the State.	

I, certify that the above is a true statement, 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.	
** ORIGINAL SIGNATURES REQUIRED **	
_____ (Person incurring expense)	_____ (PI on Grant)

Please attach all *original* receipts