

REIMBURSEMENT REQUEST FORM

* Use a separate form for each event/ business purpose. DO NOT use this form for Travel. Expenses must be > \$15.00

Part 1: Information

Payee Name:	Payee Email:
Payee Type: <input type="checkbox"/> 1. UC Employee <input type="checkbox"/> 2. Current/ Former Student Employee <input type="checkbox"/> 3. Student, not UC employee <input type="checkbox"/> 4. Non Affiliate	
<i>For Payee Types 1 & 2</i> <input type="checkbox"/> I have added my fiscal contact as a delegate in concur	
<i>For Payee Types 3 & 4</i> <input type="checkbox"/> I have registered in payment compass; my payee ID is: _____	

Event Name:	Date:	Location:
# of Student Attendees:	# of Staff Attendees:	# of Non - Affiliate Attendees:
Business Purpose: <input type="checkbox"/> STDT PROG - Social <input type="checkbox"/> STDT PROG - Educational <input type="checkbox"/> Meeting <input type="checkbox"/> Staff Morale <input type="checkbox"/> Prize/Recognition <input type="checkbox"/> Office Supplies <input type="checkbox"/> Recharge <input type="checkbox"/> Other - Elaborate: _____		
Purchase benefits the university/ enhances student experience by : _____ _____		

Entity. Fund. Fin Unit. Function. Project. Task	Preferred approver (non college COA only)	Account Code (non college COA only)
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Part 2 Documentation: submit 1 receipt/ line; DO NOT combine multiple receipts from the same vendor.

Receipt #1

Vendor:	Receipt Date:	Receipt Amount:
Items Purchased:		

Receipt #2

Vendor:	Receipt Date:	Receipt Amount:
Items Purchased:		

Receipt #3

Vendor:	Receipt Date:	Receipt Amount:
Items Purchased:		

I certify receipts are: **ITEMIZED & Charged** (shows card last 4 digits w/ charge breakdown). They include: **Vendor Name, Address, Purchase date, & Show applicable tax.** I further certify the expenses incurred are in accordance with the business policies.

Signature: _____ **DATE:** _____ **TOTAL EXPENSES:** \$ _____