

REIMBURSEMENT REQUEST FORM - Integrative Biology

Print clearly, fill in completely and return to: Integrative Biology, Business Office, 3040 VLSB, 642-5381. Please allow 3-6 weeks for processing.

SECTION A - GENERAL INFORMATION

UC EMPLOYEE YES NO EMPLOYEE/STUDENT # VENDOR #

If requesting reimbursement for the first time or if changes, please complete the following SSN information:

U.S. CITIZEN YES NO SOCIAL SECURITY # IF NOT U.S., COUNTRY OF RESIDENCE

NAME: LAST FIRST INITIAL

ADDRESS: STREET CITY STATE/ZIP

E-MAIL PHONE

SECTION B - REIMBURSEMENT

REIMBURSEMENT JUSTIFICATION

ENTERTAINMENT PO? YES NO IF SO, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME OF EVENT PLACE OF EVENT DATE OF EVENT

TYPE OF EVENT: BREAKFAST LUNCH DINNER LIGHT REFRESHMENTS

LIST OF ATTENDEES (attach a list of attendees when required)

TOTAL NUMBER OF PEOPLE ATTENDING EVENT:

PAYMENT MADE TO: INDIVIDUAL VENDOR INDIVIDUAL/VENDOR TO BE PAID:

HOST NAME HOST SIGNATURE DATE

SECTION C - FUND SOURCE

FUND SOURCE TO BE CHARGED TOTAL COST \$ TOTAL REIMBURSEMENT AMOUNT \$

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 ALL EXPENSES, AS REQUIRED BY UNIVERSITY POLICY.

SIGNATURE REQUIRED DATE AUTHORIZING NAME and TITLE (Print or Type) AUTHORIZING SIGNATURE DATE

NOTE: CLAIMS CANNOT BE PROCESSED WITHOUT ORIGINAL RECEIPTS SHOWING FULL PAYMENT.

DEPARTMENT USE ONLY:							
BUS	ACCOUNT	FUND	ORG	PROG	PROJECT	FLEX	AMOUNT
PO #	REVIEWER			CTS VOUCHER DATE			
PO DATE	REVIEW DATE			VOUCHER			
				VOUCHER DATE			