

Acct # _____	Project _____	Source _____	Amt: _____
Acct # _____	Project _____	Source _____	Amt: _____
PO/Trans # _____	Date _____		

**REIMBURSEMENT / PAYMENT REQUEST**

**CURRENT UC EMPLOYEE / STUDENT:**    \_\_\_ Yes \_\_\_ No

Campus: \_\_\_\_\_

Name: \_\_\_\_\_

UID or SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Citizenship\*: US (y/n): \_\_\_\_\_ Calif. Resident (y/n) \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Perm Res. (y/n): \_\_\_\_\_ Visa type: \_\_\_\_\_ *\*Additional paperwork  
maybe required for non-US citizens*

Purpose of Expense:

\*\*\*\*\*

**ADDITIONAL CATEGORIES ON BACK**



**TRANSPORTATION**

- |                         |                      |  |
|-------------------------|----------------------|--|
| a) Airfare: \$ _____    | b) Baggage: \$ _____ | c) Private Car Mileage: \$ _____         |
| d) Rental Car: \$ _____ | e) Gas: \$ _____     | f) Taxi/Uber/Lyft/Shuttle/Rail: \$ _____ |

**LODGING**

- |                       |                               |   |
|-----------------------|-------------------------------|---|
| g) Domestic: \$ _____ | h) Foreign - Actual: \$ _____ | i) Noncommercial Subsistence: \$ _____<br>(Non-hotel stays, home rentals) |
|-----------------------|-------------------------------|---|

**OTHER**

- |                                |                                 |                       |
|--------------------------------|---------------------------------|-----------------------|
| j) Registration fees: \$ _____ | k) Membership fees: \$ _____    | l) Books: \$ _____    |
| m) Parking: \$ _____           | n) Equipment/Hardware: \$ _____ | o) Software \$: _____ |
| p) Other: \$ _____             |                                 |                       |

**MEALS and/or PER DIEM - (Actual expenses only. Receipts required if meal is over \$75)**

- a) **Domestic meal:** \$ \_\_\_\_\_ *\*\* Lost receipts require a signed memo that reflects the merchant name, date, amount, form of payment and if alcohol was purchased. Explain why there is no receipt and that you will not seek reimbursement for this item from any other source.*
- b) **Foreign meal actual:** \$ \_\_\_\_\_
- c) **Foreign meal per Diem:** Location: \_\_\_\_\_ No. Days: \_\_\_\_\_ Amt. per day: \$ \_\_\_\_\_
- c) **Foreign lodging actual:** \$ \_\_\_\_\_
- d) **Foreign lodging per Diem** (add separate spreadsheet if additional space is needed):
- Location: \_\_\_\_\_ No. Days: \_\_\_\_\_ Amount per day: \$ \_\_\_\_\_

**ADDITIONAL CATEGORIES ON BACK**



**Entertainment Expenses** – J) Entertainment: \$ \_\_\_\_\_

**Business justifications (who, what, where, when & why):**

**Entertainment List of Attendees:**

<b>Guest Name</b>	<b>Title</b>	<b>Affiliation</b>

Please tape original receipts on an 8 ½ x 11 sheet of paper  
Postage cannot be reimbursed  
Allow 3 – 4 weeks for processing

Name of grant(s)/fund(s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_