

Expense Reimbursement Form

Requests: All requests for reimbursement of items bought in relation to **Entertainment, Non-Travel, and Misc.**, should be accompanied by this form and sent to Business.Operations@medsch.ucr.edu. Please be sure to include with your request original, itemized receipts for all items purchased.

PAYEE INFORMATION	
Name:	Departmental Contact (if different from payee)
Address:	Name:
City, State, Zip:	Email:
Country:	Phone:
Is payee a UC Employee: <input type="radio"/> Yes <input type="radio"/> No	Notes:

BUSINESS PURPOSE	<i>Explain what the item was used for & when</i>

Explain why department procurement procedures were not used

ITEMS BOUGHT		
Date	Description	Total

TOTAL REIMBURSEMENT:

FAU & APPROVALS						
Account	Activity	Fund	Function	Cost Center	Proj Code	Amount

FAO/ Department Head (Print Name)	Signature	Date
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BUSINESS OPERATIONS USE ONLY:	Exceptional Approvals	<i>*Required for exceptions to policy</i>
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Controller & Budget Director (Print Name)	Signature	Date
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Dean (Print name)	Signature	Date
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