

EXPENSE REIMBURSEMENT REQUEST

Maximum limit: \$1,000

Name: _____ UCLA ID#: _____
 Home Address: _____ Phone #: _____
 _____ E-mail: _____

Do you receive UCLA direct deposit? Y / N
 U.S. Citizen? Y / N

CA Resident? Y / N

Provide a detailed UCLA business justification for purchase:

(e.g., "Materials to build combat robot for ASME BattleBots to compete in RoboGames 2019"):

- *Please tape ORIGINAL receipts, side by side, on an 8.5" x 11" sheet of paper.*
- *Receipt must show form of payment. If not, provide a credit card or bank account statement.*
- *If submitting reimbursement for food, use "Travel Reimbursement Request" form.*
- *Before submitting, make a copy and keep for your records.*

DATE	EXPENSE TYPE	AMOUNT
Grand Total:		\$

Date Submitted: _____

Recharge Account: _____

PI / Advisor Printed Name: _____

PI / Advisor Approval Signature: _____