

**MECHANICAL AND AEROSPACE ENGINEERING**  
 HENRY SAMUELI SCHOOL OF ENGINEERING AND APPLIED SCIENCE, UCLA  
 48-121 ENGINEERING IV, 420 WESTWOOD PLAZA, LOS ANGELES CA 90095 - 1597

**EXPENSE REIMBURSEMENT REQUEST**

(Maximum limit per receipt is \$500)

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

UCLA ID#: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 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 2015”).:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Please provide ORIGINAL receipts.
- The original receipt must show form of payment. If not, please provide a credit card or bank account statement
- If this is a reimbursement for the purchase of food, attach the following:
  - itemized receipt
  - a complete list of participants (attendees)
- Obtain recharge account & signature from PI/Advisor.
- Before submitting, make copies of your receipt and keep them for your records.

DATE	EXPENSE TYPE	AMOUNT

**Grand Total:** \$ \_\_\_\_\_  
 Recharge Account: \_\_\_\_\_

PI / Advisor Approval: \_\_\_\_\_

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