

REIMBURSEMENT FORM
Earth & Space Sciences



Date: _____

PAC# (office use): _____

Individual to receive reimbursement: ----- >

UCLA ID Number (UID): _____

Home Address: _____

Approval Signature: _____

Office Phone: _____

Recharge ID #: _____

E-Mail: _____

BUDGET/APPROVAL:

Fund Mgr Approval: _____

Acct Number: _____

Amount: \$ _____

ORIGINAL ITEMIZED RECEIPTS ARE REQUIRED

(credit card statement & original canceled check is acceptable) (Extra lines are available on back)

SUPPLIES/RESEARCH:

Purposes for Items. List each item including cost, description and *justification of purpose*.

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

ENTERTAINMENT/SPEAKER

UCLA policy limits amounts (per person) to: Breakfast \$26 / Lunch \$38 / Dinner \$64 / Refreshments \$17
Alcohol is not reimbursed unless *prior* written approval is received.

Purpose of entertainment: _____

*List names of **all** attendees and their affiliation with the University (separate sheets may be attached)

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

RECRUITMENT

Recruit Name: _____

Recruitment Position: _____

Title of Seminar: _____

Date of Seminar: _____

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ADDITIONAL SUPPLIES/RESEARCH:

- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

ADDITIONAL ENTERTAINMENT/SPEAKER:

- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____