

ESS REIMBURSEMENT FORM



Date: 4/22/02

PAC #: _____

Individual to receive reimbursement: ----- >

Social Security number: _____

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 purpose.

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

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

ENTERTAINMENT/SPEAKER

UCLA policy limits meal amounts to: Breakfast \$18.00 Lunch \$30.00 Dinner \$45.00 Refreshments \$12.00

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: _____

ESS REIMBURSEMENT FORM



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. _____