

REIMBURSEMENT FORM (Not travel related)
Earth, Planetary, and Space Sciences



*Non-travel reimbursements are discouraged by the University, and the department purchasing resources should be used whenever possible (contact: orders@epss.ucla.edu). **Reimbursements over \$1,000 are not allowed.***

Date: _____

Full Name: _____

UCLA ID# (UID): _____

E-mail: _____

BUDGET/APPROVAL:

Recharge ID/FAU: _____

Total Amount: \$ _____

Approval Signature: _____

ORIGINAL ITEMIZED RECEIPTS SHOWING PAYMENT METHOD ARE REQUIRED

RESEARCH/CLASS SUPPLIES:

Please include a detailed justification of business purpose for all items requested

LUNCH/DINNER MEETING (Speakers, Recruits, etc.)

UCLA policy limits amounts (per person) to: Breakfast \$27 / Lunch \$47/ Dinner \$81 / Refreshments \$19
Special approval for exceeding max limits or including alcohol and/or spouses will be required.

Purpose of meeting: _____

*Please list names of **all** attendees **and** their *affiliation* (separate sheets may be attached)

- | | |
|-----------------|--------------------|
| 1. Name: _____ | Affiliation: _____ |
| 2. Name: _____ | Affiliation: _____ |
| 3. Name: _____ | Affiliation: _____ |
| 4. Name: _____ | Affiliation: _____ |
| 5. Name: _____ | Affiliation: _____ |
| 6. Name: _____ | Affiliation: _____ |
| 7. Name: _____ | Affiliation: _____ |
| 8. Name: _____ | Affiliation: _____ |
| 9. Name: _____ | Affiliation: _____ |
| 10. Name: _____ | Affiliation: _____ |