

# Reimbursement Request

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

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

Email: \_\_\_\_\_

UID: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

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

Affiliation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Research Project Title: \_\_\_\_\_

2. Business Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Funding Source: \_\_\_\_\_

4. Signature: \_\_\_\_\_

## **ATTENTION: NON-REIMBURSABLE EXPENSES/SERVICES**

**Permission/ Rights for Images**- Submit justification and invoice for direct payment (hard copy)

**Consulting Services/Any Services**- Submit justification for service and invoice for direct payment (hard copy)

**Computer Hardware/Printer**- Contact Mary Johnson or Jonathan Ebueng to purchase equipment from UCLA vendors

**Hiring Students**: Contact Asiroh Cham, CAO

**PLEASE TAPE ALL ORIGINAL ITEMIZED RECEIPTS TO AN 8 1/2 X 11 SHEET OF PAPER**

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|----------------------------------------------------------------------------|-----------------------------|
|                                                                            | AMOUNT: (Indicate currency) |
| BOOKS                                                                      |                             |
| OFFICE SUPPLIES                                                            |                             |
| COMPUTING SUPPLIES (NOT HARDWARE OR PRINTER)                               |                             |
| COPYING SERVICES                                                           |                             |
| MEMBERSHIP FEES (NAME OF ORGANIZATION)                                     |                             |
|                                                                            |                             |
|                                                                            |                             |
|                                                                            |                             |
| <b>TOTAL REIMBURSEMENT REQUESTED:</b>                                      |                             |