

**RESEARCH REIMBURSEMENT REQUEST FORM**

Name: \_\_\_\_\_ University ID Number: \_\_\_\_\_  
 Title: \_\_\_\_\_ *Currently Employed? (For Grad Student Only)* Yes No  
 Email Address: \_\_\_\_\_ Purchased Date: \_\_\_\_\_  
 Funding Source if known: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

Purpose of the Expense (enter a detailed description of how and where the item will be used):

**Non-Reimbursable Expenses**

- × **Permission/ Rights for Images**  
\*Submit a business justification and invoice for direct payment.
- × **Service (Proofreading, Computer Repairs, and any other services performed by an individual/consultant)**  
\*Submit invoice and a business justification for direct payment.
- × **Computer Hardware/ Printer**  
\*Contact Mary Johnson or Tam Le to purchase equipment from UCLA vendors.
- × **Hiring Students**  
\*Contact Ginny Ho.

**Items Purchased For Research**

**\*ITEMIZED RECEIPT WITH PROOF OF PAYMENT IS REQUIRED.**

**Amount**

- |  |       |
|--|-------|
| <input type="checkbox"/> Books   | _____ |
| <input type="checkbox"/> Office Supplies   | _____ |
| <input type="checkbox"/> Computing Supplies<br><small>*hardware or printer is not allowed.</small> | _____ |
| <input type="checkbox"/> Copying Services  | _____ |
| <input type="checkbox"/> Membership Fees   | _____ |
| <input type="checkbox"/> Other _____   | _____ |

**TOTAL COST:** \_\_\_\_\_

I certify that the information on this form is accurate to the best of my knowledge, and that I will not claim reimbursement from any other source for these expenses.

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE ATTACH LOOSE RECEIPTS IN CHRONOLOGICAL ORDER BY CATEGORY TO 8 1/2" X 11" PIECE OF PAPER WITH TAPE – DO *NOT* STAPLE.