

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 Edward Trujillo to purchase equipment from UCLA vendors.
- × Hiring Students
*Contact your fund manager.

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
*hardware or printer is not allowed. | _____ |
| <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 ½" X 11" PIECE OF PAPER WITH TAPE – DO **NOT** STAPLE.