



VOUCHER # \_\_\_\_\_

### Phelps Administrative Support Center (PASC) - Reimbursement Request Form

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

UC Employee: Yes No

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

U.S. Citizen: Yes No

Employee ID # /Vendor ID # (if known): \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Account to be charged: \_\_\_\_\_

Description and Purpose of Item(s) purchased: \_\_\_\_\_

Item(s) Purchased from: \_\_\_\_\_

Expected Amount: \$ \_\_\_\_\_ Tax Paid on purchase(s): \$ \_\_\_\_\_

#### Signatures

I, certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.

\_\_\_\_\_  
Payee's Signature    Date

\_\_\_\_\_  
Authorizing Signature    Date  
Date

\_\_\_\_\_  
Additional Authorizing Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

**\*Please note that original, itemized receipts showing the amount paid and the method of payment are required.  
Please complete all fields. Incomplete forms will need to be returned.**