



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.**