

Phelps Administrative Support Center (PASC)
Reimbursement Request Form

*****Please attach original receipts (tape small receipts to blank sheets of paper) showing clearly amount paid and method of payment*****

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

(optional) Addtl. Authorizing
Signature/Date

Print Name and Title

Print Name and Title

Print Name and Title

*****All fields of form must be completed***
Incomplete forms will NOT be processed and will be returned.**