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| Account Number | <h1 style="color: red; margin: 0;">Reimbursement Request</h1> |
| KFS Doc # | |

Center for Health and the Environment

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| Please check the type of reimbursement you are requesting: | | |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Entertainment <i>(See Note Below)</i> | <input type="checkbox"/> Reimbursement <i>(Except for travel)</i> |
| MAKE CHECK PAYABLE TO: | TODAY'S DATE: <i>Allow 2 weeks minimum</i> | UC EMPLOYEE? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Mailing Address: | Check if Employee is without Salary <input type="checkbox"/> | |

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| DO NOT COMPLETE THIS SECTION IF THE CHECK IS PAYABLE TO A UC EMPLOYEE OR A CORPORATION. | | |
| Complete this section for payments to individuals or partnerships that are subject to income tax reporting. If you are unsure, check with the department finance office. | HOME ADDRESS <i>(if different from mailing address):</i> | RESIDENT OF CALIFORNIA? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | UC EMPLOYEE - Yes / No UC EMPLOYEE ID: _____ | IF ALIEN, COUNTRY OF RESIDENCE: |

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| DESCRIBE REASON FOR CHECK REQUEST: <i>(for Travel Advances, include the traveler's name, purpose of the trip, destination city and state, and dates of departure and return.)</i> | AMOUNT |
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| | TOTAL: |
| PREPARED BY: | _____ PI's SIGNATURE <i>(authorization for travel advance or memberships)</i> |
| TELEPHONE NO.: | |

IMPORTANT INFORMATION

- * *Out-of-pocket expenses must not be incurred for any item that can be purchased through the Department Purchasing Office.*
- * *Memberships must be approved by the Department Chair and the Office of Research. A letter requesting the membership, describing why the membership is necessary, and why it would be beneficial.*
- * *Entertainment must include Detailed Receipt and List of participants (Include - First, Last, Agency and Title)*