EXPENSE REIMBURSEMENT FORM

Date Submitted: 8/22/2019
Requested by:
Check Payable to:

Purpose (Attach Agenda):

ORIGINAL RECEIPTS ARE REQUIRED AT ALL TIMES. Please tape receipts to 8 1/2 x 11 sheet of paper. Do not staple.

Supplies Reimbursement (cannot exceed $100/day and there must be an urgent need)

Description:

Entertainment Reimbursement: (University policy limits meal reimbursements to the following per person amounts, including tax and gratuity: Refreshments-$19; Breakfast-$27; Lunch-$47; Dinner-$81)

JUSTIFICATION (Attach prior approval for employee morale building):

<table>
<thead>
<tr>
<th>Select one</th>
<th>Event Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Light Refreshments</td>
<td></td>
</tr>
<tr>
<td>Breakfast</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td></td>
</tr>
</tbody>
</table>

List of Attendees (Please attach a separate sheet as needed)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Title</th>
<th>Amount: $</th>
<th>Number of Attendees: $</th>
<th>Per Person Costs: 0.00</th>
</tr>
</thead>
</table>

Note:

APPROVAL

I certify that expenses claimed were incurred by me for official University Business and pursuant to University Purchasing Policy. I understand that I did not follow the correct purchasing protocol (e.g. UCIBuy, PALCard or Purchase Order) and purchasing for official University Business must be made by individuals issued with the correct delegation of authority.

EMPLOYEE SIGNATURE:

DIRECTOR/GRANT PI SIGNATURE:

SCRC CAO SIGNATURE:

FOR OFFICE USE ONLY

KFS ACCOUNT

PROJECT CODE