

# Reimbursement Request

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

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

Email: \_\_\_\_\_

UID: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

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

Affiliation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Research Project Title: \_\_\_\_\_

2. Business Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Funding Source: \_\_\_\_\_

4. Signature: \_\_\_\_\_

## **ATTENTION: NON-REIMBURSABLE EXPENSES/SERVICES**

**Permission/ Rights for Images**- Submit invoice for direct payment

**Consulting Services/Any Services**- Submit invoice for direct payment

**Computer Hardware/Printer**- Contact Mary Johnson or Hubert Ho to purchase equipment from UCLA vendors

**Office Furniture**- Contact Front Office Coordinator for a list of vendors to order directly from

**Hiring Students**: Contact Annette Haratunian in our payroll department office

### PLEASE TAPE ALL ORIGINAL ITEMIZED RECEIPTS TO AN 8 1/2 X 11 SHEET OF PAPER

AMOUNT: (Indicate currency)

BOOKS

OFFICE SUPPLIES

COMPUTING SUPPLIES (NOT HARDWARE OR PRINTER)

COPYING SERVICES

MEMBERSHIP FEES (NAME OF ORGANIZATION)

**TOTAL REIMBURSEMENT REQUESTED:**