

MATH Supplies Reimbursement Worksheet

REIMBURSEE

Name	
Mailing Address	

Email	
Phone	

US Citizen Yes No

I am a UC Employee: _____ Employee Number

I prefer to be paid by:

Check Direct Deposit (if available)

ACCOUNT TO BE CHARGED

PI/Faculty Member Name	Account Name	Account & Fund Number	Project Code

SUMMARY OF EXPENSES

Date Purchased	Summary Description of Purchase(s)	Cost
PLEASE ATTACH ORIGINAL RECEIPTS FOR EVERYTHING		TOTAL:

DETAILS

Purpose of these supplies:

Please provide a brief explanation of why these supplies were not purchased on a University purchase order via the UCSB Procurement Gateway:

Additional comments:

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.

I approve the use of these funds for the payment of the expenses listed above.

Additional authorizing signature (optional)

Print Name & Title

Reimbursee Signature

Date

PI/Faculty Member Signature

Date

Additional Authorizing Signature

Date