UCLA
Computer Science Department

Reimbursement Request

Name _____   UCLA ID # _____

UCLA e-mail _____   Employed by UCLA   yes / no

If not employed by UCLA or have no direct deposit, we will contact you for your Social Security Number.

Tax ID or Social Security number: LEAVE BLANK

Mailing Address _____

City _____   State _____   Zip Code _____ Country _____

JUSTIFICATION FOR PURCHASE

PROFESSOR'S APPROVAL

Professor Name _____   Prof's Approval Signature _____   Fund Number To Charge_____

▸ ATTACH ORIGINAL ITEMIZED RECEIPTS FOR ALL ITEMS.
▸ ALL RECEIPTS MUST HAVE UCLA as "Ship To" address (if item was shipped) AND clear justification detailing why the item is needed, purpose of use, how item relates to class/research work, and location of use.
▸ Be sure to have copies of receipts for your records before submitting originals for reimbursement.

OFFICE USE ONLY						
LOC	ACCOUNT	CC	FUND	PROJECT	SUB	OBJECT
4						
4						
4						

QTY	VENDOR or CATALOG #	DESCRIPTION	UNIT COST	SUB-TOTAL
			TOTAL	

Greater enforcement of policies is a result of recent audit of UCLA by Internal Revenue Service.
For more information regarding reimbursements go to www.ucop.edu/ucophome/policies/bfb/bus79.pdf