

MECE Supplies Reimbursement Worksheet

REIMBURSEE

Rev. 2016-07

Name		Email	
Mailing Address		Phone	
		US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
I prefer to be paid by:		<input type="checkbox"/> I am a UC Employee: _____ Employee Number	
<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit (if available) <input type="checkbox"/> Petty Cash			

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:

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