



Miscellaneous Disbursement Voucher 123456

Status: PendRise Voucher Department:

Payee Information

Last Name: Doe
 First Name: John
 Address: UCSB ECE DEPT.
 MAIL CODE 9560
 City, State Zip: SANTA BARBARA, CA 93106-9560
 Email Address: doe@ece.ucsb.edu
 Employee ID: 10011111
 Vendor ID: 312465 REM
 UC Employee: Yes, Payee is a UC Employee.
 US Citizen: Yes, Payee is a US Citizen.
 Home Campus: UC Santa Barbara
 Payment Type: DirectDeposit
 Wire / Bank Draft: No.

Payment Request Information

Voucher Type: Miscellaneous
 Short Description: Office supplies
 Date Requested: 07/17/2019
 Requested Amount: \$593.66

Voucher Preparer Information

Preparer's Name: Sherwood, Melinda E
 Preparer's Home Department: ELEG
 Preparer's Email Address: cao-admin@ece.ucsb.edu
 Preparer's Telephone: 805-893-5364
 Prepared Date: 07/17/2019

Business Purpose for Reimbursement

HP Printer Cartridges for office printer.

Additional Comments

None.

Substantiation and Funding of Expenses

Type	Taxable	Tax	Non Taxable	Freight	Tax	UseTax	Status	FAU	Dept	Account	Funding
Vendor	PaidTo	Exception	Amount	Amount	Amount	Amount	Explanation			Name	Status
Receipt			\$593.66	\$0.00	\$42.70	\$0.00		8- [REDACTED] -3- 8000- - [REDACTED]	ELEG	ELEG - FACULTY/ICR	Valid
Staples											
06/29/2019											
Taxable											
Payee											
Totals:			\$593.66	\$0.00	\$42.70	\$0.00					

Payment Summary Information

Payment	Amount
Requested Amount:	\$593.66
Use Tax Assessment:	\$0.00
Voucher Grand Total:	\$593.66

Amount Due Payee: \$593.66

Signatures

I, JOHN D DOE 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.

SEE ATTACHED

Payee's Signature / Date

JOHN D DOE

Authorizing Signature / Date

Robbin Marie Mata, Financial Assistant

Print Name & Title

(Optional) Additional Authorizing Signature / Date

Not Provided., Not Provided.

Print Name & Title

Payment Request for Miscellaneous (Non-Payroll) Expenses

Mandatory Disclosure for All Tax Reportable Payments

The following payments are not tax reportable for income tax purposes - *no disclosure is necessary (however, they may be subject to use tax):*

- purchases from vendors of tangible personal property (supplies)
- reimbursements to individuals for purchases of tangible personal property (supplies)
- service payments to corporations (other than medica/legal) and government entities which are not subject to backup withholding

The following payments are tax reportable for income tax purposes - *disclosure is mandatory:*

- service payments to individuals and partnerships
- service payments to corporations of legal and medical professionals
- certain passive activity income, such as rents, royalties and non-service scholarship/fellowship grants to non-resident aliens
- scholarship/fellowship grant payments

All such payees must answer all the questions in this box, disclosing their relationship to the University and residency for tax purposes. A "Yes" answer indicates further explanation is necessary, either on this request form itself, or on forms mandated by tax authorities. Answer "Yes" or "No" for each line as a payee may simultaneously occupy more than one status.

Yes. Is the payee a **UC Employee**?

Payment is being requested for a UC Employee. In the "Business Purpose for Reimbursement" textbox above, please ensure that you have provided adequate justification for non-payroll treatment.

UC Employee issues:

1. PAYMENTS FOR SERVICES suggest PAYROLL PROCESSING: Consult with Human Resources, Academic Personnel and/or Payroll
2. REIMBURSEMENTS suggest the following policy implications:
 - PURCHASING AUTHORIZATION: See UCSB Policy 5330, Purchasing Goods and Services. Note other relevant policies: Travel, Entertainment, etc
 - UNAUTHORIZED PURCHASES. See UCSB Policy 5336, Authorized and Unauthorized Purchases. Transactions may require additional review and approval by Procurement Manager.
 - CONFLICT OF INTEREST: See UCSB Policy 5327, Employee-Vendor Relationships

ECE Supplies Reimbursement Worksheet

REIMBURSEE

Rev. 2014-06

Name: **JOHN DOE**

Mailing Address:

Email: **@ece.ucsb.edu**

Phone:

US Citizen Yes No

I am a UC Employee: **10023456**
Employee Number

I have a mailbox in ECE: _____
Mailbox 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
DOE	Indirect Cost Recovery fund (overhead II)	-	

SUMMARY OF EXPENSES

Date Purchased	Summary Description of Purchase(s)	Cost
06/29/19	HP printer cartridges	593.66
PLEASE ATTACH <u>ORIGINAL</u> RECEIPTS FOR EVERYTHING		TOTAL: 593.66

DETAILS

Purpose of these supplies:
for office printer

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)

payee signature *06/30/19*
Reimbursee Signature Date

PI signature *06/30/19*
PI/Faculty Member Signature Date

Print Name & Title
Additional Authorizing Signature Date

STAPLES

7015 MARKETPLACE DRIVE
GOLETA, CA 93117
(805) 961-8093

SALE 1595436 6 001 86743
0889 06/29/19 09:06

QTY	SKU	PRICE
1	HP 304A CYAN 883585301508	136.99
1	HP 304A YELLOW 883585301515	136.99
1	HP 304A MAGENTA 883585301522	136.99
1	HP 304A BLACK 883585301492	139.99
SUBTOTAL		550.96
Standard Tax 7.7500%		42.70
TOTAL		\$593.66

CHASE VISA USD\$593.66
Card No.: XXXXXXXXXXXX 0000 [C]
Chip Read
Auth No.: 09372C
AID.: A0000000031010

TOTAL ITEMS 4

Staples brand products.
Below Budget. Above Expectations.

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Exclusions Apply. See an associate for
full program details or to enroll.



This week only!





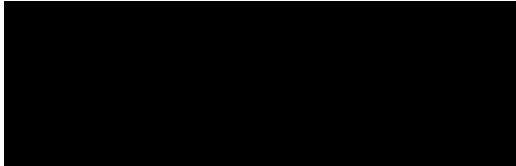
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July 2019						
S	M	T	W	T	F	S
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

CHASE FREEDOM UNLIMITED REWARDS SUMMARY



Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	8 months	\$194

You earn unlimited 1.5% cash back on all purchases- it's automatic! Redeem for cash with no minimum, and your Cash Back rewards do not expire as long as your account is open.

If you would like information about credit counseling services, call 1-866-797-2885.

ACCOUNT SUMMARY

Account Number:	[REDACTED] 1564
Previous Balance	[REDACTED]
Payment, Credits	[REDACTED]
Purchases	[REDACTED]
Cash Advances	[REDACTED]
Balance Transfers	[REDACTED]
Fees Charged	[REDACTED]
Interest Charged	[REDACTED]
New Balance	[REDACTED]
Opening/Closing Date	05/23
Credit Access Line	[REDACTED]
Available Credit	[REDACTED]
Cash Access Line	[REDACTED]
Available for Cash	[REDACTED]
Past Due Amount	[REDACTED]
Balance over the Credit Access Line	[REDACTED]

YOUR ACCOUNT MESSAGES

See section titled 'Account Information Reported to Credit Bureau' for a new Disputes mailing address.

Your next AutoPayment for \$25.00 will be deducted from your account and credited on your due date (previous day if your due date falls on a Saturday). Your AutoPay payment will be reduced by any payment that posts to your account prior to your AutoPay payment being processed. If such payments exceed the AutoPay amount, your AutoPayment will be \$0.00 for that month.

0000001 FIS33339 D 8
0509

Y 9 24 19/06/24

Page 1 of 3

06610 MA MA 33312 17510000080003331201



P.O. BOX 15123
WILMINGTON, DE 19850-5123
For Undeliverable Mail Only

Account
Service
Message

Account number: [REDACTED] 1564

\$ _____ Amount Enclosed
Make/Mail to Chase Card Services at the address below:

33312 BEX 9 17519 D

John Doe
Address Line

CARDMEMBER SERVICE
PO BOX 6294
CAROL STREAM IL 60197-6294



CREDIT CARD (...0000)



\$0.00

Remaining statement balance

On

Automatic payments

16,475 pts

Ultimate Rewards®

Account activity

SHOWING Activity since last statement

Current balance [redacted]

Date	Description	Category	Amount
Jun 29, 2019	STAPLES 00108894	Shopping	\$593.66

