

# ECE Supplies Reimbursement Worksheet

REIMBURSEE

Rev. 2014-06

Name

Mailing Address

I have a mailbox in ECE: \_\_\_\_\_  
Mailbox Number

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SUMMARY OF EXPENSES

Date Purchased	Summary Description of Purchase(s)	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
PLEASE ATTACH <b>ORIGINAL</b> RECEIPTS FOR EVERYTHING		<b>TOTAL:</b> <input type="text"/>

## 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