

Expense Reimbursement Form

Requests: All requests for reimbursement of items bought in relation to **Entertainment, Non-Travel, and Misc.** should be accompanied by this form and submitted to Business Operations ServiceNow ticket system. Please be sure to include with your request original, itemized receipts for all items purchased.

PAYEE INFORMATION	
Name:	Departmental Contact (if different from payee) Name:
Address:	
City, State, Zip:	Email:
Country:	Phone:
Is payee a UC Employee: <input type="radio"/> Yes <input type="radio"/> No	Notes:

BUSINESS PURPOSE	<i>Explain what the item was used for & when</i>

Explain why department procurement procedures were not used

ITEMS BOUGHT		
Date	Description	Total

TOTAL REIMBURSEMENT:

COA & APPROVALS									
Entity	Fund	Activity	Account	Function	Program	Project	Flex1	Flex2	Amount

Principal Investigator (PI) signature _____ Date _____ SRP Signature _____ Date _____

FAO/ Department Head (Print Name) _____ Signature _____ Date _____

BUSINESS OPERATIONS USE ONLY: Exceptional Approvals **Required for exceptions to policy*

Controller & Budget Director (Print Name) _____ Signature _____ Date _____

Dean (Print name) _____ Signature _____ Date _____ Revised 1/23/26