

## Expense Reimbursement Form

Payee Name: \_\_\_\_\_ Date: \_\_\_\_\_

UID: \_\_\_\_\_ Department: \_\_\_\_\_

Account to Charge: \_\_\_\_\_ Total Amount Requested: \_\_\_\_\_

Residential Address: \_\_\_\_\_

**Expense Itemization (if more than one expense):**

Expense	Amount

**UCLA Business Justification for purchase:**

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**Comments:**

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**\*\*Please fill this form out and submit to Adriana Rosalez (S&P Office Coordinator) along with all necessary receipts and/or documentation.**

*Please note that all receipts must show the type of payment used, must be ITEMIZED, and taped onto a sheet of paper.*

Please contact Adriana Rosalez ([arosalez@humnet.ucla.edu](mailto:arosalez@humnet.ucla.edu)), 310-825-1036 with any questions.