UCLA INSTITUTE FOR SOCIETY & GENETICS

For office use
FAU: ____________________
PO: ____________________
TR: ____________________
Date: __________ Amount: __________

UCLA Institute for Society and Genetics
Reimbursement/Payment Request

Requestor's Name:

E-mail address:

Name/Type and Location of event attended:

Explanation of travel or non-travel expense(s):

Name or description of grant/funding (if known):

Total amount of expenses:

Requestor's Signature: ____________________ **Date:**

Department approval: (PI/Director/Designated Rep.) **Date:**

- Please tape **ORIGINAL ITEMIZED** receipts, side-by-side, on 8 ½" x 11" sheets of paper.
- Note: do not place tape over receipt information to avoid erasure of the information.
- Submit travel-related receipts separately from non-travel receipts (supplies, books, etc.)
- Entertainment: Food/meal receipts must also be dated, itemized, and include number of guests; attach the purpose of event and the name/university affiliation of each attendee.
- Other: Postage expenses cannot be reimbursed.
- Allow 3-4 weeks for payment processing.
- Questions can be directed to Nancy nancy@socgen.ucla.edu

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