CECS EXPENSE REPORT

Date _____

Name _____ Email _____

Address _____

SSN _____ Employee ID No _____ Phone _____

Description of Reimbursement

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_____

List of Attendees (names and affiliation)

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Tape original receipt here
(attached additional sheet if needed)

Policy and Procedure

1. Attached original receipt.
2. Secure funding, approval and signature from your PI or Advisor.
3. University purchase limit is $100.00 per vendor, per day (except entertainment). Expense over the limit will require exceptional approval.
4. University meal allowance follows: breakfast $18.00, light refreshments $12.00, lunch $30.00 & dinner $45.00--per person.

Reimbursement Amount Due

Charge Account/Fund No.

PI / Supervisor Approval _____ Date _____

(signature)

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, that I have attached original receipts as required by UC Policy.

Requestor Signature: _____ Date: _____

CECS-7/04