



Department of Human Genetics
(NON-Travel) Reimbursement Request

Name of Payee: _____ Date of Request: _____

Email: _____ Amount: \$ _____

Nature of Reimbursement:

- Entertainment- Seminar/Meeting/Other (attach flyer and explain below)
- Purchased goods or services (explain below)
- Other (explain below)

Justification (continue on reverse if necessary):

For Entertainment Expenses:

- Reimbursement is requested for:
- The per person cost **did not** exceed the amount allowable under University policy.
(Breakfast = \$27, Lunch = \$47, Dinner = \$81, Refreshments = \$19)
- The per person cost **did** exceed the amount allowable under University policy by \$ _____
- Please provide the **names, titles, & affiliations** of those who attended the event for which reimbursement is being requested, and place a ✓ next to the names of all non-UCLA employees.

	Name	Title	Affiliation

For All Expenses: Please attach original receipts!

Signature/Reimbursement Requested By

Signature/Authorization

Fund Source: _____