Department of Human Genetics
(NON-Travel) Reimbursement Request

Name:_____ Email:_____ UID#:_____ Amount:_____

Affiliation: ◯ UCLA Faculty/Staff/Postdoc ◯ UCLA Student *(address below)* ◯ Non-UCLA Collaborator/Other *(address below)*

Address: _____ City_____ State:_____ Zip:_____

UCLA students and Non-UCLA Collaborator/Other must complete the address information*

☐ 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: Choose One

☐ 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
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☐			
☐			
☐			
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For All Expenses: Please attach original receipts!

_____ _____

Signature/Reimbursement Requested By Signature/Authorization

Fund Source: _____