



**Department of Human Genetics  
(NON-Travel) Reimbursement Request**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ UID#: \_\_\_\_\_

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):

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**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: \_\_\_\_\_