

IHC - Reimbursement Summary Worksheet

Name of Principal Investigator Approving the Expense: _____

Name of Payee/Vendor Requesting Payment: _____

Address of Payee/Vendor: _____

City: _____

State: _____ ZIP: _____

Are you a UCSB employee? (circle one): YES or NO

Purpose & description of purchased item:

Requested Amount to be reimbursed: \$ _____

Project Title: _____

Loc - Account - Fund - Sub: ___ - _____ - _____ - _____

Circle one: MAIL CHECK or DIRECT DEPOSIT

***Please attach receipts to form**

Please review and sign attached:

Statement of Receipt:

I certify that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University Policy.

Signature: _____

Title: _____

Date: _____