



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? Yes No

Purpose & description of purchased item: _____

Requested Amount to be reimbursed: \$ _____

Check one: MAIL CHECK or DIRECT DEPOSIT

**Please attach receipts to a separate sheet*

PLEASE REVIEW AND SIGN ATTACHED:

Statement of Receipt:

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

_____ SIGNATURE	_____ TITLE	_____ DATE
--------------------	----------------	---------------

For IHC use | Project Code: _____ Account-Fund: _____