

MISCELLANEOUS EXPENSE WORKSHEET

LAFS: _____

FAILURE TO PROVIDE COMPLETE INFORMATION & DOCUMENTATION WILL DELAY YOUR REQUEST

EVERYONE MUST COMPLETE THIS SECTION

Person Receiving Payment: _____ (legal name) Project Code: _____

Address: _____
(Street) (City) (State) (Zip)

UC Employee: Yes () No () UC Student: Yes () No () US Citizen: Yes () No ()

Please complete the appropriate section - only one expense type per worksheet:

A. Miscellaneous Reimbursement B. Membership Reimbursement C. Payment Request

A. Miscellaneous Reimbursement (Original, itemized receipts are required)

Business Purpose for Reimbursement:

Amount to be Reimbursed: \$ _____ * If items are not in budget, please attach justification

B. Membership Reimbursement (Receipt or completed application required)

Membership to (Organization): _____

New Membership: Yes () No () Amount to be Reimbursed: \$ _____

Membership Period: From _____ To _____

C. Payment Request (Attach invoice, honorarium letter, or other documentation as necessary)

Business Purpose for Request: _____

(If more than one person is receiving payment, please attach list separately)

Social Security Number: _____ Amount to be paid: \$ _____

SIGNATURES:

Payee's Signature (Required for reimbursement)

Date

I certify that the above is a true statement, 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.

Authorizing Signature (If different than payee)

Date

I approve that the expense noted on this form be billed to the project code noted above.