

# MISCELLANEOUS EXPENSE WORKSHEET

FAILURE TO PROVIDE COMPLETE INFORMATION & DOCUMENTATION WILL DELAY YOUR REQUEST

CCOA: \_\_\_\_\_

## EVERYONE MUST COMPLETE THIS SECTION

Person Receiving Payment: \_\_\_\_\_  
(legal name)

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.