

Hart Interdisciplinary Programs Business Office

Out-of-Pocket Reimbursement Request Form

REQUESTER NAME:	
DEPARTMENT:	INCLUDE RECEIPT AS
	ATTACHMENT (Itemized receipt showing payment is needed for back-up)
VENDOR/MERCHANT NAME:	
DATE OF TRANSACTION:	
AMOUNT OF REIMBURSEMENT REQUEST:	
IF APPLICABLE, DID VENDOR INCLUDE SALES TAX:	
□ YES(AMT OF TAX) □ NO	IF YOU DO NOT HAVE AN ITEMIZED, ORIGINAL RECEIPT: You will need to complete a <u>Declaration of Missing Receipt</u>
ACCOUNT(S) TO CHARGE:	understanding that your signature indicates full responsibility and accountability for claimed expense.
(Include Sub Account, if applicable)	
BUSINESS PURPOSE:	IF THIS REQUEST IS FOR REIMBURSEMENT OF PURCHASES IN EXCESS OF \$500: You will need to complete the <u>Confirming Order Justification</u> form and include it along with your Out-of-Pocket Reimbursement Request Form
DESCRIPTION OF ITEMS PURCHASED:	
	Once this form is submitted to the Hart Interdisciplinary Program
IF APPLICABLE PI/CHAIR REVIEWER	Business Office the process time is 5-10 business days to be submitted to Accounting.
SIGNATURE:	*Providing incomplete form or missing receipts will result in additional processing time.
Date: PI/CHAIR REVIEWER NAME (PRINTED):	
HIP OFFICE USE: KFS/AggieTravel Number:	

Email completed form and receipt to hip-purchase@ucdavis.edu.