



*For office use*

FAU: \_\_\_\_\_

PO: \_\_\_\_\_

TR: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

## Reimbursement/Payment Request for Foreign Visitors

**Requestor's Name:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Citizen of:** \_\_\_\_\_

**Name/Type and Location of event attended:**

\_\_\_\_\_

**Explanation of travel or non-travel expense(s):**

\_\_\_\_\_

**Name of grant/funding (if known):** \_\_\_\_\_

**Total amount of expenses:** \_\_\_\_\_

**Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department approval:** (PI/Director/CAO) \_\_\_\_\_ **Date:** \_\_\_\_\_

- **Documentation Requirements** - The Declaration of Immigration Status by Non-U.S. Citizens form must be completed by any foreign visitor requesting reimbursement of travel expenses. This completed form and a copy of the visitor's I-94 form should be included with the traveler's receipts or the vendor invoice upon submission for payment. Note that the I-94 is given to the foreign visitor upon entrance into the United States and collected upon departure, so it is important to make a copy of this form before they leave.
- Please tape **ORIGINAL ITEMIZED** receipts, side-by-side, on 8 1/2" x 11" sheets of paper, or electronically in PDF form with the completed form attached. Make sure any images are clear with form of payment displayed..
- Note: do not place tape over receipt information to avoid erasure of the information.
- Submit travel-related receipts separately from non-travel receipts (supplies, books, etc.)
- Entertainment: Food/meal receipts must also be dated, itemized, and include number of guests; attach the purpose of event and the name/university affiliation of each attendee.
- Other: Postage expenses cannot be reimbursed.
- All purchases over \$2500 require pre-approval.
- Allow 3-4 weeks for payment processing.
- Questions can be directed to Nancy at (310) 267-4990 or [nancy@socgen.ucla.edu](mailto:nancy@socgen.ucla.edu)

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA  
OFFICE OF THE TREASURER

FOREIGN WIRE TRANSFER REQUEST

Today's Date (mm/dd/yyyy):	Date Wire Needed (mm/dd/yyyy):
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Currency type: (Ex: EUR, USD, etc)	Amount:
OTR ONLY Ex Rate:	USD Equiv. Contract:

PAY TO Account Number (For European Union Countries, please provide IBAN in lieu of the bank account number):
Account Name:
Address & Telephone No:
Bank SWIFT Code (Contact the vendor to obtain information):
Bank Name:
Bank Address (THIS MUST BE THE BRANCH WHERE THE BENEFICIARY'S ACCOUNT IS LOCATED):
Purpose of wire (PLEASE ATTACH AN INVOICE OR OTHER BACKUP INFORMATION):

Departmental Approval

Secondary Approval, if necessary

GL Account to Charge:	(Campus Requests must be approved by Accounting Office)
PAC #	
Signature:	Signature:
Print Name: Title:	Print Name: Title

Treasurer's Office Approval

Signature:	
Prepared by:	Voice Phone: Fax Phone: