

For office use	,
FAU:	
PO:	
TR:	
Date:	Amount:

## **Reimbursement/Payment Request for Visitors**

Requestor's Name:		
Permanent Address:		
Phone #:		
E-mail:		
US Citizen*(Y/N):	California Resident (Y/N):	
*If you are not a US Citizen, please complete	the form for foreign visitors.	
Name/Type and Location of	event attended:	
Explanation of travel or non-	travel expense(s):	
Name of grant/funding (if ki	nown):	
Total amount of expenses:		
Requestor's Signature:	Date:	
<b>Department approval:</b> (PI/Dire	ctor/CAO) <b>Date:</b>	

- Please tape **ORIGINAL ITEMIZED** receipts, side-by-side, on 8 ½" 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 nancy@socgen.ucla.edu or (310) 267-4990.