

UNIVERSITY OF CALIFORNIA, IRVINE

SCHOOL OF SOCIAL SCIENCES

IRVINE, CA 92697-5100

ENTERTAINMENT / SUPPLIES AND MATERIALS / OTHER REIMBURSEMENTS

<p align="center">UCI EMPLOYEE</p> <p>PAYEE NAME: _____</p> <p>DEPARTMENT AFFILIATION: _____</p> <p>EMAIL: _____</p>	<p align="center">NON UCI EMPLOYEE</p> <p>PAYEE NAME: _____</p> <p>SOCIAL SECURITY, ITIN, OR EMPLOYER ID#: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY, STATE, ZIP CODE: _____</p> <p>EMAIL: _____</p> <p>US CITIZEN / PERMANENT RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO* - IF NO, PROVIDE COPY OF I-94, VISA PAGE, PASSPORT PAGE, AND CERTIFICATION OF ACADEMIC ACTIVIT FORM.</p>
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EXPENSE TYPE	INSTRUCTIONS / POLICY	AMOUNT
SUPPLIES & MATERIALS	- ORIGINAL RECEIPT - \$500.00 LIMIT (PER VENDER, PER DAY) - DETAILED DESCRIPTION OF EXPENSE	_____ _____ _____
MEMBERSHIPS/ SUBSCRIPTIONS	COPY OF MEMERSHIP FORM & ORIGINAL RECEIPT	_____
REGISTRATION (NO TRAVEL)	COPY OF REGISTRATION FORM & ORIGINAL RECEIPT	_____
HONORARIUM	- COPY OF INVITATION LETTER - EVENT FLYER (PURPOSE OF VISIT) - W-9 (REQUEST FOR TAXPAYER IDENTIFICATION # AND CERTIFICATION)	_____
OTHER / MISC	- ORIGINAL RECEIPT - DESCRIPTION OF PAYMENT	_____
ENTERTAINMENT <input type="checkbox"/> Advance Event#: _____	- ORIGINAL ITEMIZED RECEIPTS - ATTENDEE LIST - MEETING AGENDA or EVENT FLYER/ INVITATION - ALCOHOL OR EXCEPTIONS ARE NOT PERMITTED ON 199## FUNDS - ALL EXCEPTIONS REQUIRE JUSTIFICATION MEMO EVENT DATE: _____ NUMBER OF ATTENDEES: _____	_____ _____
NOTES:		
		TOTAL: REIMBURSE PAYEE: PAY UCI CORPORATE VISA:

EXPENSE CERTIFICATION:
 I CERTIFY THAT THIS IS A TRUE STATEMENT OF ENTERTAINMENT OR RESEARCH EXPENSES INCURRED FOR OFFICIAL UNIVERSITY BUSINESS IN ACCORDANCE WITH UNIVERSITY POLICY.

SIGNATURE : _____ DATE : _____

FUNDING

ACCOUNT / FUND #: _____	APPROVAL: _____
ACCOUNT / FUND #: _____	APPROVAL: _____

DEPARTMENT CONTACT: _____ PHONE EXTENSION: _____