UNIVERSITY OF CALIFORNIA BERKELEY Graduate School of **Education**

REIMBURSEMENT REQUEST FORM (version 11/1/05)

Use this form when you are requesting reimbursement for miscellaneous supplies and general expenses (books, office supplies, etc.)
This form should NOT be used: for Travel or Entertainment expenses; to request payment for services; or to place an order for an item.
The BSO has specific forms for the payment types above; contact us to determine which form should be used.

Request Date: _____

Requestor Name: _____

Requestor Phone: _____

Requestor Email: _____

Payee (if not Requestor): _____

Payment Address: _____

_____

_____

_____

Provide appropriate Payee ID info: Employee ID for employees; Student ID for students; SS#/Tax ID for Individuals with no UC affiliation.

Empl ID/Student ID
SS#/Fed Tax ID: _____

Type of Expense to be Reimbursed:

☐ Office Supplies ☐ Computer Supplies ☐ Subscriptions ☐ Memberships

☐ Copying Cost ☐ Books Purchased ☐ Other (Explain) _____

Business Purpose of Item(s) to be Reimbursed:

Description of Item(s) Purchased	Total Cost
Total Amount to Reimburse (will be automatically calculated):	$ -

Acct Name/Fund Source: _____

Approval Signature: _____ Date: _____