

DEPT OF STATISTICS: REIMBURSEMENT REQUEST FORM

DATE: _____

UCD EMPLOYEE: Yes No

MAKE CHECK PAYABLE TO: SEND CHECK TO DEPT:

NOTE: Employees to make sure they're enrolled to have direct deposit
[\(http://afs.ucdavis.edu/our_services/payroll-services/employee-resources/enroll-change-direct-deposit.html\)](http://afs.ucdavis.edu/our_services/payroll-services/employee-resources/enroll-change-direct-deposit.html)

NAME: _____

ADDRESS: _____

DEPARTMENT CONTACT NAME: _____

CITY: _____

CONTACT PHONE NO.: _____

STATE: _____ ZIP: _____

CONTACT E-MAIL: _____

ACCOUNT(S) TO BE CHARGED:	ACCOUNT	AMOUNT
	_____	_____
	_____	_____
	_____	_____

PI APPROVAL: _____ ACCOUNT MANAGER APPROVAL: _____

EXPLANATION AND BUSINESS PURPOSE FOR ITEMS PURCHASED:

*******ORIGINAL RECEIPTS REQUIRED FOR ALL REIMBURSEMENTS*******

QUANTITY	ITEM DESCRIPTION	AMOUNT
TOTAL		

*******\$499.99 PER DAY MAXIMUM REIMBURSEMENT*******

For office use only: Dafis Doc No. 01-_____ Date: _____ Initials: _____