

ENTERTAINMENT REIMBURSEMENT REQUEST FORM

Health Sciences Research Institute, UC Merced

Requester Name: _____ Date of Event/Purchase: _____

Total Reimbursement Amount \$ _____

If you are a not a UCM employee or if you do not receive direct deposit from UCM, please indicate the mailing address you would like your reimbursement check to be sent to:

An **original itemized** receipt must be attached along with bank/credit statements

Payment Method:

- Cash (attach original itemized receipt) Check (attach bank statement)
 Debit Card (attach receipt/copy of statement) Credit (attach receipt/copy of statement)

Was alcohol purchased? Yes No

If yes, please attach exception to policy.

Justification/Purpose of the purchases (please attach agendas, fliers, etc.):

Official Host (include title): _____ Total # of attendees: _____

UCM Attendees (include titles, please list here or attach separately):

Guest Attendees (include titles and affiliation, please list here or attach separately):

Requester Signature: _____ Date: _____

To be completed by UC Merced reimbursement processor					
Account	CC	Fund	Project	Sub	Object

Please return this completed and signed form along with all original receipts to:
Health Sciences Research Institute, UC Merced
Attn: Alysha Wolff
5200 North Lake Road
Merced, CA 95343-5705