

**DEPARTMENT OF GEOGRAPHY
MISCELLANEOUS REIMBURSEMENT REQUEST**

Submit completed form along with all original receipts to 1837 Ellison Hall

PAYEE INFORMATION

Name: _____ Date: _____

Phone Ext: _____ Email address: _____

Receive Reimbursement by: CASH (if <\$150) CHECK (enter address below) DIRECT DEPOSIT*

Mailing address for check: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Project Code to charge: _____

UC Employee: YES NO UCSB Student: YES NO

California Nonresident?: YES NO If "Yes," is work performed in California?: YES NO

Nonresident Aliens?: YES NO If "Yes", is work performed in US?: YES NO

** Only if set up; otherwise you will receive a check. If you receive direct deposit for your paychecks your reimbursement will be credited to your bank account in the same manner. Reimbursements cannot be credited to your BARC account.*

FOR PAYMENTS TO OUTSIDE VENDORS/INDIVIDUALS

YES NO Independent Service Provider/Consultant?: If "Yes," Individual/partnership? incorporated entity?

DETAILS OF TRANSACTION

| Date of Purchase | Vendor | Items Purchased | Amount |
|------------------|--------|-----------------|--------|
| | | | |
| | | | |
| | | | |

TOTAL AMOUNT: _____

Business Purpose & Justification: _____

| SIGNATURES | | | |
|---|------|----------------------------|------|
| I certify that the above is a true statement, that the expenses claimed were incurred by me on University business on dates shown, and I have attached original receipts for each expense as required by University policy. | | | |
| Person Requesting Reimbursement | Date | Authorizing Signature (PI) | Date |