

**ISSA UCB General Reimbursement Request Form**

**NOT FOR: MEALS, EVENTS, ENTERTAINMENT, OR TRAVEL**

Revised for Campus Shared Services • February 2014

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Item(s) purchased: \_\_\_\_\_  
*e.g., books, computer, etc.*

Business Purpose(s): \_\_\_\_\_  
*e.g., research, conference, etc.*

Amount of Reimbursement Requested: \$ \_\_\_\_\_ ☐ Receipts attached (*Proof of payment required. Please paperclip or staple all receipts, credit card or bank statements securely to this form.*)

Funds to be charged (if known): \_\_\_\_\_

**CERTIFICATION:** By signing below, I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this form and all receipts to:***

Elizabeth LaVarge-Baptista • ISSA, UC Berkeley • 6303 Dwinelle Hall • Berkeley, CA 94720-2979

DO NOT USE THIS FORM TO REQUEST REIMBURSEMENT FOR MEALS, EVENTS, ENTERTAINMENT, OR TRAVEL. PLEASE USE THE TRAVEL OR ENTERTAINMENT FORM.

**PLEASE COMBINE & TOTAL MULTIPLE PURCHASES ONTO THIS SINGLE FORM.  
SEPARATE FORMS ARE NOT REQUIRED FOR MULTIPLE PURCHASES.**

***Office use only:***

Chartstring: 1- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
account fund dept ID prg CF1 CF2

Chartstring name: \_\_\_\_\_ Total Reimbursement Amount: \$ \_\_\_\_\_

Department approval signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional approval signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Preparer initials: \_\_\_\_\_ Submitted to CSS date: \_\_\_\_\_ REQ #: \_\_\_\_\_

Comments: