



Mechanical Engineering Reimbursement Form

Submit completed form along with all original itemized receipts to Juana Guerrero

Payee Information

Name _____
Personal Mailing Address _____
(non-UCR employees only) _____

Date _____

Email _____

Phone _____

Non-Payroll Check Requests

Please provide this form along with the itemized receipts

Vendor Name (s) _____

Vendor Address _____

Items Purchased

1. _____

3. _____

5. _____

7. _____

2. _____

4. _____

6. _____

8. _____

Other Items _____

Total Amount \$ _____

Explanation (indicate the official University business related purpose for the expense: _____

Business Meeting and Entertainment Check Request

Please provide this form along with the itemized receipts, meeting agenda, flyer, and sign-in sheet pertaining to the business meeting.

Location of Event _____

Number of Participants _____

Purpose of Meeting _____

Event Name _____

Event Host _____

Name/Title of Participants including occupation and affiliation

1. _____

4. _____

7. _____

10. _____

2. _____

5. _____

8. _____

11. _____

3. _____

6. _____

9. _____

12. _____

Breakfast \$ _____

Dinner \$ _____

Lunch \$ _____

Refreshments \$ _____

Comments: _____

APPROVAL

PI / Advisor Name _____

PI / Advisor Signature _____

Account (FAU) to be charged _____

Total Reimbursement Requested

\$ _____