

**UNIVERSITY OF CALIFORNIA, IRVINE**

SCHOOL OF SOCIAL SCIENCES

IRVINE, CA 92697-5100

**ENTERTAINMENT / SUPPLIES AND MATERIALS / OTHER REIMBURSEMENTS**

<p align="center"><b>UCI EMPLOYEE</b></p> <p>PAYEE NAME: _____</p> <p>DEPARTMENT AFFILIATION: _____</p> <p>EMAIL: _____</p>	<p align="center"><b>NON UCI EMPLOYEE</b></p> <p>PAYEE NAME: _____</p> <p>SOCIAL SECURITY, ITIN, OR EMPLOYER ID#: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY, STATE, ZIP CODE: _____</p> <p>EMAIL: _____</p> <p>US CITIZEN / PERMANENT RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO* - IF NO, PROVIDE COPY OF I-94, VISA PAGE, PASSPORT PAGE, AND CERTIFICATION OF ACADEMIC ACTIVIT FORM.</p>
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EXPENSE TYPE	INSTRUCTIONS / POLICY	AMOUNT
<b>SUPPLIES &amp; MATERIALS</b>	- ORIGINAL RECEIPT - \$500.00 LIMIT (PER VENDER, PER DAY) - DETAILED DESCRIPTION OF EXPENSE	_____ _____ _____
<b>MEMBERSHIPS/ SUBSCRIPTIONS</b>	COPY OF MEMERSHIP FORM & ORIGINAL RECEIPT	_____
<b>REGISTRATION (NO TRAVEL)</b>	COPY OF REGISTRATION FORM & ORIGINAL RECEIPT	_____
<b>HONORARIUM</b>	- COPY OF INVITATION LETTER - EVENT FLYER (PURPOSE OF VISIT) - W-9 (REQUEST FOR TAXPAYER IDENTIFICATION # AND CERTIFICATION)	_____
<b>OTHER / MISC</b>	- ORIGINAL RECEIPT - DESCRIPTION OF PAYMENT	_____
<b>ENTERTAINMENT</b>  <input type="checkbox"/> <b>Advance Event#:</b> _____	- ORIGINAL ITEMIZED RECEIPTS - ATTENDEE LIST - MEETING AGENDA or EVENT FLYER/ INVITATION - ALCOHOL OR EXCEPTIONS ARE NOT PERMITTED ON 199## FUNDS - ALL EXCEPTIONS REQUIRE JUSTIFICATION MEMO  <b>EVENT DATE:</b> _____  <b>NUMBER OF ATTENDEES:</b> _____	_____       _____
<b>NOTES:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>TOTAL:</b>  <b>REIMBURSE PAYEE:</b>  <b>PAY UCI CORPORATE VISA:</b>		_____  _____  _____

**EXPENSE CERTIFICATION:**  
 I CERTIFY THAT THIS IS A TRUE STATEMENT OF ENTERTAINMENT OR RESEARCH EXPENSES INCURRED FOR OFFICIAL UNIVERSITY BUSINESS IN ACCORDANCE WITH UNIVERSITY POLICY.

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

**FUNDING**

ACCOUNT / FUND #: _____	APPROVAL: _____
ACCOUNT / FUND #: _____	APPROVAL: _____
DEPARTMENT CONTACT: _____	PHONE EXTENSION: _____