	UN	IVERSITY OF CA	LIFORNIA, SANTA B MATP	ARBARA	
MISC. REIMBURSEMENTS					
Date:					
Name:					
UC Employee:	Yes	No			
Email address:					
Address:					
Item(s) purchased:					
Purpose:					
Amount:		Method:	Credit Card	Cash	Check
A security he shows	ر ما،				
Account to be charg	ea:				
REQUESTER SIGNAT	URE:				
I certify that the expenses claimed were incurred by me on official Univiersity business on the dates shown, and that I have attached original receipts for each expense as required by University policy.					

Please attach original receipts showing amount paid and method of payment.