

UNIVERSITY OF CALIFORNIA, SANTA BARBARA
MATP

MISC. REIMBURSEMENTS

Date:

Name:

UC Employee: Yes No

Email address:

Address: _____

Item(s) purchased:

Purpose:

Amount:

Method: Credit Card Cash Check

Account to be charged:

REQUESTER SIGNATURE:

I certify 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 as required by University policy.

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