

# REQUEST FOR REIMBURSEMENT FOR SUPPLY PURCHASES BY ANR VOLUNTEERS

## Payee Information:

Name

Phone

Street Address

Email (Optional)

City, State, Zip

Is payee a current or emeritus UC employee? Yes ☐ No ☐

## REIMBURSEMENT POLICIES - *Comply with all requirements as listed to receive reimbursement:*

1. Include original receipts (no copies)
2. Purchases must be made within the last 30 days
3. The receipt total must equal the requested reimbursement amount
4. Personal items cannot be purchased on the same receipt
5. Receipts must be in the name of the volunteer
6. Reimbursement cannot exceed **\$499.99, cannot be software or app and cannot be any rental type of product**

DETAILED BUSINESS PURPOSE/USE OF THE ITEMS (*DESCRIPTION REQUIRED*)

LINE#	PURCHASE DATE	RECEIPT #	SUPPLIER	DESCRIPTION	AMOUNT
1					
2					
3					
4					
5					
TOTAL TO PAY/REIMBURSE					

## ACCOUNT INFORMATION

GL/PPM	Entity	Fund	Financial Dept	Purpose	Program	Project	Activity	Task	Amount
Total									

## CERTIFICATION BY VOLUNTEER:

I hereby certify that the above is a true statement of supply purchases incurred by me in accordance with the rules of the University of California relative to official UC ANR program business.

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

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

## APPROVALS

Advisor/PI: \_\_\_\_\_ County Director: \_\_\_\_\_  
*Signature (date) Signature (date)*

Originating County:

Date:

Preparer Name/Contact Info:

Number of Pages Attached: