

**Please remit this form to the Calit2 Business Office at 4006
Calit2 or email to Tricia Le at tricial@uci.edu (949) 824-0204**

SUPPLY REIMBURSEMENT FORM

DATE: _____

NAME: _____

ADDRESS: _____

UCI IDENTIFICATION NUMBER: _____

AMOUNT: _____

EXPENSE JUSTIFICATION:

ACCOUNT/FUND/PROJECT: _____

NAME OF PI OR SUPERVISOR: _____

SIGNATURE: _____

Staff, faculty and students should not be purchasing supplies or paying for expenses out of pocket. Any expenses should be pre-authorized and paid for through the Calit2 Business Office. This reimbursement is being processed as a **one-time exception** for those not familiar with policy and **must be accompanied by the attached Payee Certification Form** acknowledging that future purchases will be directed to the proper staff prior to procurement.

PAYEE CERTIFICATION

Out of Pocket Expenses require a signed Payee Certification to verify the payee acknowledges and states that:

"I certify that the expenses claimed were incurred by me for official University Business and pursuant to University Purchasing Policies. I understand that I did not follow the correct purchasing protocol (e.g. UCIBuy, PALCard or Purchase Order) and purchasing for official University Business must be made by individuals issued with the correct delegation of authority."

Signature

Date

Printed Name of Purchaser

Justification for why proper purchasing methods were not followed