

**DEPARTMENTAL / PROGRAM GSA
REIMBURSEMENT REQUEST FORM**



Departmental GSA Representative Information

Project code: A01438-20035-68-_____

Payee (Person being reimbursed): _____

Payee UCR Email: _____ Phone #: (____) _____

Rep Name: _____

Rep UCR Email: _____ Phone #: (____) _____

Department: _____ Department / Program GSA: _____

Date of Event: _____ Location: _____

Materials Checklist (incomplete forms will not be reimbursed):

- Agenda / Flyer Meeting Minutes Sign-in Sheet
- Original Itemized Receipts (taped to 8 ½ X 11 paper) Signature

Explanation of Business Purpose

*There must be a business purpose to the meeting/event. Strictly social events are not eligible for reimbursement.

Itemized Expenses		
Date	Description	Cost
Receipts MUST be taped to a blank 8½ X 11 sheet of paper. Use additional paper if needed.		Total
		Total Requested

Department / Program GSA Rep Signature Date

**THIS FORM MUST BE SUBMITTED TO THE
GSA OFFICE (HUB 203) WITHIN 7 DAYS OF THE EVENT.**

Departmental-GSA: Good standing & eligible for reimbursement.

Departmental-GSA: Not eligible for reimbursement

GSA VPAA Signature Date

GSA President Signature Date

GSA Finance Officer Signature Date