



REIMBURSEMENT SUMMARY WORKSHEET

Name of Principal Investigator Approving the Expense: _____

Name of Payee/Vendor Requesting Payment: _____

Address of Payee/Vendor: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Are you a **UCSB** employee? Yes No

Purpose & description of purchased item:

Requested Amount to be reimbursed: \$ _____

I understand that I will utilize Gateway for any future purchases:

Initials

**Please attach receipts to a separate sheet.*

PLEASE REVIEW AND SIGN ATTACHED:

Statement of Receipt:

I certified that the expenses were incurred by me on official University Business on dates shown, and that I have attached original receipts for each expense as required by University Policy.

_____	_____	_____
SIGNATURE	TITLE	DATE