



# 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**