



Social Sciences Division

REIMBURSEMENT PURCHASING FORM

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Purpose of purchase (justification) :

Four horizontal lines for justification text.

Expense Report

Table with 4 columns: DATE, ITEM /SERVICE PURCHASE, STORE/VENDOR, AMOUNT. Contains 11 empty rows.

TOTAL REIMBURSEMENT FOR THIS PURCHASE:

Please complete form and email completed form with receipts to Sandy Garcia, sgarcia@chavez.ucla.edu.