



College | Social Sciences
**César E. Chávez Department of Chicana/o
and Central American Studies**

REIMBURSEMENT PURCHASING FORM

Name: _____ Today's Date: _____

Funding Source: _____

Purpose of purchase (justification) :

Expense Report

DATE	ITEM /SERVICE PURCHASE	STORE/VENDOR	AMOUNT

TOTAL REIMBURSEMENT FOR THIS PURCHASE:

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