

PAYEE INFORMATION:

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SELECT ONE:    EMPLOYEE    NON-EMPLOYEE    EMERITUS    OTHER:

PAYMENT EXPLANATION

**LIMITED TO \$499.99**

- OUT OF POCKET EXPENSE    Include itemized, paid receipts
- PREREGISTRATION FORM    Include a copy of the completed registration form (if other travel involved, use UCD AggieTravel System to report expenses)
- REIMBURSEMENT TO COUNTY    Include itemized invoice from county with this cover page
- MEMBERSHIP    Include organization's completed remittance form & UCANR membership approval form with this cover page  
http: ucanr.org/sites/anrstaff/files/120462.pdf
- OTHER: - please explain    Include itemized supporting information with this cover page

SPECIAL INSTRUCTIONS

BUSINESS PURPOSE/USE OF THE ITEMS ON THIS REQUEST: (Detailed description required)

DATE	ITEM PURCHASED	VENDOR NAME	AMOUNT

ACCOUNT(S) TO BE CHARGED

TOTAL

ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

APPROVALS:

Advisor/PI: \_\_\_\_\_  
date

County Director: \_\_\_\_\_  
date

Date: \_\_\_\_\_

BOC-K USE:

Originating County: \_\_\_\_\_

CONTACT STAMP

Originating County Document #: \_\_\_\_\_

Preparer Name: \_\_\_\_\_

Preparer Contact Info: \_\_\_\_\_

Email completed form & copy of receipt(s) to BOCK@ucanr.edu