

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